

Appendix A

Service Description and Standards

DEPARTMENT OF ELDER AFFAIRS PROGRAMS AND SERVICES HANDBOOK
Appendix A: Service Descriptions and Standards

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Appendix A: Service Descriptions and Standards

Section I: Overview

A. Purpose

Appendix A, Service Descriptions and Standards, of the Department of Elder Affairs (DOEA) Programs and Services Handbook, provides the following components:

- A description of each program under the auspices of DOEA.
- Delivery standards and special conditions.
- Provider qualifications.
- Record keeping and reporting requirements.

Listed next are the program names and abbreviations referred to in this chapter. For a detailed description of each program, please refer to the specific chapters in this Handbook.

B. Program Acronyms

1. Alzheimer's Disease Initiative: ADI
2. Community Care for the Elderly: CCE
3. Home Care for the Elderly: HCE
4. Local Services Program: LSP
5. Respite for Elders Living in Everyday Families: RELIEF
6. Title I of the Older Americans Act: OAAI
7. Title III of the Older Americans Act, Part B: OAAIIIB
8. Title III of the Older Americans Act, Part C: OAAIIIC Title III of the Older Americans Act, Part C, Subpart 1, Subpart 2, Subpart 3: OAAIIICI, OAAIIIC2, OAAIIIC3
9. Title III of the Older Americans Act, Part D: OAAIIID
10. Title III of the Older Americans Act, Part E: OAAIIIE
11. Title VII of the Older Americans Act: OAAVII

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C. Legal Authority

1. Rulemaking: Section 430.08, F.S.
2. ADI: Sections 430.501-504, F.S.
3. CCE: Sections 430.201-207, F.S.
4. HCE: Sections 430.601-608, F.S.
5. LSP: Specific Appropriations (General Appropriations Act)
6. OAAI: Older Americans Act, Title I, Section 102, (14) 42
7. OAAIIB: Older Americans Act, Title III, Part B, Section 321 (a)(5) 42 U.S.C. 3030d
8. Research OAAIIC1: Older Americans Act, Title III, Part C 42 U.S.C. 3030e
9. OAAIIC2: Older Americans Act, Title III, Part C, Subpart 2, Sections 336, 337, 42 U.S.C. 3030f, g
10. OAAIIC3: Older Americans Act, Title III, Part C, Subpart 3, Section 339
11. OAAIID: Older Americans Act, Title III, Part D, Sections 361, 362 42 U.S.C. 3030m,
12. OAAIIE: Older Americans Act, Title III, Part E, Section 373 (b)(4)
13. OAAVII: Older Americans Act, Title VII
14. Grants to State and Community Programs on Aging: 45 CFR 1321
15. Food Handling: Chapter 64E-11, Florida Administrative Code (F.A.C.)
16. Nutrition Counseling: Section 468.516, F.S. Chapter 64B8-44.007, F.A.C.
17. Dietary Guidelines: <http://www.health.gov/dietaryguidelines/>
18. Material Safety Data Sheets: Occupation Safety and Health Administration (OAHA) 1910.1200 (G)
19. Public Law 101-445: The National Nutrition Monitoring and Related Act of 1990
<http://uscode.house.gov>
20. Relief: Section 430.071. F.S.

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D. Characteristics Common for Programs/Services:

The following are characteristics common to all services and to the manner they should be provided:

1. All client information is confidential. Procedures shall be established to protect confidentiality of records.
2. Each service performed shall be recorded as specified in the enterprise Client Information and Registration Tracking System (eCIRTS) guidelines. Supporting documentation of services provided must be readily available and adequate to permit fiscal and programmatic evaluation and ensure internal management.
3. The cost for every service includes eCIRTS data entry, invoicing, and other necessary administrative activities related to service provision.
4. Hourly services cannot overlap unless more than one provider is providing separate services at the same time. For example, if a client receives Homemaker and Personal Care from 8 a.m. - 12 p.m., 2 hours can be billed to Homemaker and 2 hours can be billed to Personal Care, but 4 hours cannot be billed to both, unless there are two workers each providing the service for 4 hours.
5. Unless otherwise noted, units of service for group events shall be counted as the amount of time delivering the service, regardless of the number of attendees.
 - The definition of “completer” for all Stanford University Self-Management Resource Center (SMRC) interventions is an individual who attends four out of six sessions.
6. Travel time to and from the client’s home is not counted in units of service unless travel time is specifically included as part of the service. Travel time may be included for services provided by volunteers who receive a stipend or living allowance.
7. One hour of direct service with or on behalf of a client is accumulated daily. The cumulative amount of time per service is totaled for the day and minutes are rounded up to the nearest quarter of a unit as follows:

<u>Minutes</u>	<u>Units</u>	<u>Hours</u>
1-15	$\frac{1}{4}$	$\frac{1}{4}$
16-30	$\frac{1}{2}$	$\frac{1}{2}$
31-45	$\frac{3}{4}$	$\frac{3}{4}$
46-60	1	1

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8. Persons and/or agencies providing services shall meet the following criteria, as appropriate:

- Have appropriate training for the program and service being delivered;
- Comply with licensure requirements;
- Comply with registration requirements;
- Comply with background screening requirements (Pursuant to Chapter 435, F.S. and Section 430.0402 (1) (a), F.S.);
- Comply with continuing education requirements;
- Obtain all required state or local permits;
- Ensure only personnel or volunteers may be on the premises while services are being provided;
- Comply with building codes and standards;
- Obtain required insurance; and
- Ensure only authorized personnel and/or volunteers may provide direct services and be on premises during services.

9. All persons in direct contact with clients are required to:

- Handle the client's money only if permitted by the service provided;
- Not disclose confidential information; and
- Not accept monetary or tangible gifts from clients or their family members.

10. Providers shall incorporate volunteers and other community resources prior to accessing DOEAF-funded services. The providers are responsible for ensuring the coordination of services among agencies to avoid duplication of efforts.

11. Before providing services on a regular basis, paid staff and volunteers who have direct contact with clients shall receive basic orientation covering, but not limited to, the following topics:

- Overview of the aging process;

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- Overview of the aging network;
 - Communication techniques with elders;
 - Abuse, neglect, exploitation, and unusual incident reporting;
 - Local agency procedures and protocols;
 - Client confidentiality; and
 - Client grievance procedures.
- 12.** Procedures shall be established to recruit, train, and schedule paid and volunteer staff. Procedures will include an annual evaluation of paid staff and documentation maintained in agency or personnel files.
- 13.** Providers shall update and provide in-service training, as needed. Documented pre-service training may be substituted for all or part of required annual training for specified staff.
- 14.** Unless stated otherwise in law, rule, or in this Handbook, the number of hours, training methods, and training materials are determined by the provider.
- 15.** All services should be provided in a manner accessible to those in need.
- 16.** Services should be tailored to elder clients and their specific needs, including hearing, vision, mobility, memory, language, cultural, and other considerations.
- 17.** Accurate, legible, and complete client files shall be maintained for all clients receiving case management services. When case management is not offered, the provider shall determine service needs, document service activities and client participation, and report service activity.
- 18.** Procedures shall be established to respond to service complaints and objectively evaluate the quality of service and the level of client satisfaction. Service providers shall have procedures for handling recipient complaints concerning such adverse actions as service termination, suspension, or reduction in accordance with Appendix D—Minimum Guidelines for Recipient Grievance Procedures.
- 19.** Procedures shall be established to report to supervisory staff and the Area Agency on Aging (AAA), as appropriate, unusual incidents related to clients and service delivery. Unusual incident reports shall be kept on file at provider agencies.

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20. Direct payment is a reimbursement made directly to the client, caregiver, and/or designee for services or supplies purchased. To be eligible for reimbursement, purchases must be based upon documented preauthorization by the case manager or program coordinator and approved by the case manager supervisor or designee. Preauthorized, approved services purchased from friends, family, or neighbors, and arranged by clients or caregivers may not be subject to the service standards contained in the Handbook. Original receipts shall be presented to the case manager or program coordinator within 30 days of purchase. Reimbursements shall be made within 60 days of submission and approval of original receipts.
21. Procurement procedures shall be developed and followed for all services purchased in accordance with state and federal regulations to encourage competition and promote a variety of contractors for services for elder consumers.

Section II: Table of Services by Program

The following pages include a table of services provided under each program. The legal authority for each program is cited specifically in "Section I of this Appendix. This is listed on the pages below. ↓

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Table of Services by Program

PROGRAM CODES

ADI Alzheimer's Disease Initiative

CCE Community Care for the Elderly

HCE Home Care for the Elderly

LSP Local Services Programs

OAA VII

RELIEF Respite for Elders

Living in Everyday Families

OAA Older Americans Act

IIIB

IIIC1/IIIC2

IIID

IIIE/IIIEG/IIIES

SERVICE KEY

R = Required Service

A = Additional Service

L = Requires Licensure

O = OAA Registered Service

V = Volunteers must meet

Program Specifics

¹ Amount allocated for access services must be 20% total expenditure

² Amount allocated for in-home services must be 8% total expenditure

³ Amount allocated for legal services must be 1% total expenditure

Service	Program Code	Service Key
Adult Day Care	ADI, CCE, HCE, LSP, IIIB, IIIE	A, L, O
Adult Day Health Care	ADI, CCE, HCE, LSP, IIIB, IIIE	A, L, O
Assurance	ADI, CCE, HCE, LSP, IIIB ² , IIIC1, IIIC2, IIID, IIIE, IIIEG	A
Basic Subsidy	HCE	R
Caregiver Support Groups	ADI, CCE, HCE, LSP, IIIB, IIIE, IIIEG, VII	A, O
Caregiver Training and Support	ADI, CCE, HCE, LSP, IIIB, IIIE, IIIEG, VII	A, O
Case Aide	ADI, CCE, HCE, LSP, IIIB, IIIE, IIIEG	A, O
Case Management	CCE, HCE	R
	ADI, LSP, IIIB, IIIE, IIIEG	A, O
Child Day Care	IIIEG	A, R
Chore	ADI, CCE, HCE, LSP, IIIB ² , IIIES	A, R
Chore, Enhanced	ADI, CCE, HCE, LSP, IIIB, IIIES	A, R
Companionship	ADI, CCE, LSP, IIIB ²	A, V
Counseling, Gerontological	ADI, CCE, HCE, LSP, IIIB, IIID, IIIE, IIIEG	A, O
Counseling, Mental Health Screening	ADI, CCE, HCE, LSP, IIIB, IIID, IIIE, IIIEG	A, L
Education and Training	VII	R
	ADI, CCE, HCE, LSP, IIIB, IIIE, IIIEG	A
Emergency Alert Response	ADI, CCE, LSP, IIIB, IIIES	A
Escort	ADI, CCE, LSP, IIIB, IIID	A, O, V
Financial Risk Reduction, Assessment	ADI, CCE, IIIE	A
Financial Risk Reduction, Maintenance	ADI, CCE, IIIE	A
Health Support	ADI, CCE, LSP, IIIB	A
Home Delivered Meals Home	IIIC2	R, O
	ADI, CCE, HCE, LSP, IIIE, IIIEG	A
Home Health Aide	ADI, CCE, HCE, LSP, IIIB	A, L, O

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Homemaker	CCE, HCE, LSP, IIIB ² , IIIE	L, O
	ADI	A
Housing Improvement	ADI, CCE, HCE, LSP, IIIB, IIIES	A
Information	IIIB ¹	R
	ADI, CCE, HCE, LSP, IIIE	A
Intake	ADI, CCE	R
	HCE, LSP, IIIB, IIIE	A
Intake and I&R Liaison	CCE, LSP, IIIB	A
Interpreter, Translating	ADI, CCE, LSP, IIIB	A
Legal Assistance	IIIB ³	R, L
	ADI, CCE, LSP, IIIEG, IIIES	A, L
Material Aide	ADI, CCE, HCE, LSP, IIIB, IIIES	A
Medication Management	ADI, CCE, LSP, IIIES, IID	A
Nutrition Services-Congregate Meals	IIIC1	R, O
	CCE, HCE, LSP	A
Nutrition Services-Congregate Meals-Screening	IIIC1	R, O
	CCE, HCE, LSP	A
Nutrition Services-Home Delivered Meals Home	IIIC2	R, O
Nutrition Services-Nutrition Counseling	ADI, CCE, HCE, LSP, IIIE, IIIEG	A
	ADI, CCE, LSP, IID	A, L, O
Nutrition Services-Nutrition Education	IIIC1, IIIC2	R
	CCE, LSP	A
Occupational Therapy	ADI, CCE, HCE, LSP, IIIB	A, L
Other	ADI, CCE, HCE, LSP	A
Outreach	IIIB ¹ , IIIC1, IIIC2	R
	CCE, LSP, IIIE, IIIEG	A
Personal Care	ADI, CCE, HCE, LSP, OAA IIIB ²	A, O
Pest Control, Enhanced Initial	ADI, CCE, HCE	A, L
Pest Control, Initial	ADI, CCE, HCE	A, L
Pest Control, Maintenance	ADI, CCE, HCE	A, L
Pest Control, Rodent	ADI, CCE, HCE	A, L
Pet Support	IIIB, IIIE, IIIEG	A, L
Physical Therapy	ADI, CCE, HCE, LSP, IIIB	A, L
Recreation	ADI, CCE, LSP, IIIB	A
Recreation Materials	ADI, LSP, IIIB, IIIE, IIIEG	A
Referral, Assistance	IIIB ¹	R
	ADI, CCE, LSP, IIIE, IIIEG	A
Respite, Facility Based	ADI	R, L V
	CCE, HCE, LSP, IIIB, IIIE	A, O
Respite, In-Home	ADI	R
	CCE, HCE, LSP, IIIB ² , IIIE, RELIEF	A, O, V
Screening, Assessment	IIIB, IIIC2, IIIE, IIIEG	R, O
	LSP	A
Shopping Assistance	ADI, CCE, HCE, LSP, IIIB, IIIC1, IIIC2, IIIE, IIIEG	A, O
Sitter	IIIEG	A

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Skilled Nursing Services	CCE, HCE, LSP, IIIB	A, L
Specialized Medical Equipment, Services and Supplies	ADI, CCE, HCE, LSP, IIIB, IIIES	A
Specialized Adult Day Care	ADI	R, L
Speech Therapy	ADI, CCE, HCE, LSP, IIIB	A, L
Technology	IIIB, IIID, IIIE, IIIEG	A
Transportation	IIIB	R
	ADI, CCE, HCE, LSP, IIIE, IIIEG	A
A Matter of Balance/ Un Asunto de Equilibrio	IIID	A, L
Active Living Every Day	IIID	A, L
Applied Suicide Intervention Skills Training	IIID	A
Arthritis Foundation Exercise Program	IIID	A, L
Arthritis Foundation Tai Chi for Arthritis Program	IIID	A, L
Bingocize	IIID	A
Brief Intervention and Treatment for Elders	IIID	A
Chronic Disease Self-Management	IIID	A, L
Chronic Pain Self-Management	IIID	A, L
Diabetes Empowerment Education Program	IIID	A, L
Diabetes Self-Management Program/Program de Manejo Personal de la Diabetes	IIID	A, L
Enhance Fitness	IIID	A, L
Enhance Wellness	IIID	A, L
Fit & Strong!	IIID	A, L
Healthy Eating Every Day	IIID	A, L
Healthy IDEAS	IIID	A
Healthy Moves for Aging Well	IIID	A
HomeMeds	IIID	A, L
Powerful Tools for Caregivers	IIID, IIIE	A
Program to Encourage Active, Rewarding Lives for Seniors	IIID	A
Savvy Caregiver	IIID, IIIE	A
Stay Active and Independent for Life	IIID	A
Stepping On	IIID	A, L
TCARE	IIID	A
Tai Chi/Tai Ji Quan: Moving for Better Balance	IIID	A
Tomando Control de su Salud	IIID	A, L
Vivo Fitness Program	IIID, IIIE	A
Walk with Ease	IIID	A, L

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Section III: Detailed Service Descriptions

The following pages include detailed descriptions of the services provided through the Department of Elder Affairs program components. Please refer to the specific programmatic contracts Service Rate Report for services billed to Cost Reimbursement and by fixed fee/unit rate. These detailed service descriptions are listed on the pages below. ↓

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PROGRAM: Adult Day Care

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB, OAAIIIE

A. DESCRIPTION: Adult day care is a program of therapeutic social and health activities and services provided to elders who have functional impairments. Services are provided in a protective, community-based environment.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. There shall be one (1) staff member for every six (6) clients. Volunteers can be included in the 1 to 6 staff/client ratio if they perform the same functions as paid staff and comply with training and background check requirements.
2. At least two staff members, one of whom has CPR training, shall be on the premises all the time during the center's hours of operation.
3. Transportation shall be a function of the program. If the center does not provide transportation directly, arrangements for day care participants needing transportation shall be established.
4. Adult day care workers who have direct contact with clients shall have a screening in compliance with the requirements of the DOEA process.

C. PROVIDER QUALIFICATIONS:

1. Adult day care centers shall be licensed by the Agency for Health Care Administration in accordance with Chapter 429, Part III, Florida Statutes, and Chapter 58A-6, Florida Administrative Code.
2. Adult day care centers shall be designated in the area plan as congregate dining sites if meals are counted as congregate meals.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One day, which is equal to eight (8) hours. Partial days must be reported in quarter increments, as follows:

Up to 2 hours = 0.25 Days

2-4 hours = 0.5 Days

4-6 hours = 0.75 Days

6-8 hours = 1 Day

2. One day of actual client attendance is defined as the time between the time of arrival at the day care center and the time of departure from the day care center.

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3. One day of daily attendance shall exclude time in transit to and from the center. The cost of travel time shall be reported separately. It is not to be included in the unit rate.
4. Meals cannot be counted as congregate meal units, if included in the cost of the service.
5. Adult day care centers are encouraged to participate in the Adult Care Food Program and receive cash reimbursement for meals and snacks served that meet USDA guidelines. Adult day care centers may not, however, receive reimbursement through the Adult Care Food Program for meals funded by any other payor source, including Older Americans Act Title IIIC funds, or Statewide Medicaid Managed Care Programs.
6. Each meal shall meet the following criteria:
 - a. Follow the procedures described in Chapter 5.
 - b. Follow the menu development procedures as described in the service description for congregate meals; and
 - c. Centers participating in the Adult Food Care Program must follow the Adult Food Care Program meal pattern requirements.
7. A daily attendance log with time in and time out shall be maintained.
8. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	ADCO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	ADCO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	ADCO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	ADCVO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	ADCO	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100
OA3B	ADCO	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100
OA3E	ADCO	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100

For HCE, the client file shall document why the caregiver is unable to perform the service.

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PROGRAM: Adult Day Health

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB, OAAIIIE

A. DESCRIPTION: Adult day health care is a program of therapeutic activities, encompassing both health and social services, to ensure the optimal functioning of the client. Services are provided in an outpatient setting four (4) or more hours per day, one or more days per week.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. All adult day care standards apply. Physical, occupational, and speech therapies indicated in the client's plan of care must be furnished as component parts of this service. Adult day health care centers shall comply with Chapter 58A-6.010(6), Florida Administrative Code.
2. Nursing services are required for adult day health care and include, but are not limited to, screening procedures for chronic disease (e.g., hypertension, or diabetes; observation, assessment, and monitoring of participant's health needs and daily functioning levels; administration or supervision of medications or treatments; counseling of participant, family or caregiver in matters relating to health and prevention of illness; and referral to other community resources with follow-up of suspected physical, mental, or social problems requiring definitive resolution).

C. PROVIDER QUALIFICATIONS: Adult day care centers shall be licensed by the Agency for Health Care Administration in accordance with Chapter 429, Part III, Florida Statutes, and Chapter 58A-6, Florida Administrative Code.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One day, which is equal to eight (8) hours. Partial days must be reported in quarter increments, as follows:

Up to 2 hours = 0.25 Days

2-4 hours = 0.5 Days

4-6 hours = 0.75 Days

6-8 hours = 1 Day

2. One day of actual client attendance at the day care center is one unit of adult day health care service. Actual client attendance is defined as the time between the time of arrival and the time of departure from the day care center.
3. One day of daily attendance shall exclude transportation time to and from

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the center. The cost of transportation shall be included in the unit rate. The cost of physical, occupational and speech therapies may be included in the unit rate; however, other funding sources such as Medicare, Medicaid, and private insurance must be exhausted first.

4. Meals cannot be counted as congregate meal units if meals are included in the cost of the service.
5. Adult day health care centers are encouraged to participate in the Adult Care Food Program and receive cash reimbursement for meals and snacks served that meet USDA guidelines. Adult day health care centers may not, however, receive reimbursement through the Adult Care Food Program for meals or snacks funded by any other payor source, including Older Americans Act, Title III C funds, or Statewide Medicaid Managed Care Programs.
6. Each meal shall meet the following criteria:
 - a. Follow the procedures described in Chapter 5.
 - b. Follow the menu development procedures as described in the service description for congregate meals; and
 - c. Centers participating in the Adult Food Care Program must follow the Adult Food Care Program menu requirements.
7. A daily attendance log with time in and time out shall be maintained.
8. eCIRTS reporting requirements are included in the chart on the next page:↓

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Appendix A: Service Descriptions and Standards

eCIRTSREPORTINGREQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	ADHCO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	ADHCO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	ADHCO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	ADHVO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	ADHCO	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100
OA3B	ADHCO	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100
OA3E	ADHCO	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100

For HCE, the client file shall document why the caregiver is unable to perform the service.

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Appendix A: Service Descriptions and Standards

PROGRAM: Assurance (Telephone and In-person)

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIB, OAAIIC1, OAAIIC2, OAAIID, OAAIIE, OAAIIEG

A. DESCRIPTION: Assurance is defined as communicating with designated clients by telephone or in person on a mutually agreed schedule to determine their safety and to provide psychological reassurance, or to implement special or emergency assistance. The providers is encouraged to establish an agreed upon schedule.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Priority for Telephone Reassurance should be given to clients who are homebound, live alone, or are isolated. However, any client is eligible who wants to receive periodic calls for psychological reassurance or emergency assistance, including clients who may not currently be active in DOE A services.

1. However, if a client is homebound or lives alone, if they miss a scheduled call and contact cannot be made within three attempts (and no more than 24 hours), then assistance shall be sent to the home. Required contact before implementing emergency assistance includes contact with the client, a caregiver, or a provider providing in-home or home-delivered meals services (who confirms sight of the client within the past 24 hours).
2. Clients who are not homebound and do not live alone shall agree upon emergency assistance procedures and have it noted in their client file, client record, or on the telephone reassurance tracking log. Emergency assistance procedures for these clients could include requesting a wellness check if the client does not respond to three call attempts within three business days, and a caregiver or provider cannot confirm sight of the client within those three business days.

C. PROVIDER QUALIFICATIONS: Volunteers are encouraged to provide assurance.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: An episode of assurance is one documented telephone contact or in-person contact with one client or one household. Phone calls or in-person visits made with no response cannot be billed.
2. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	TERA	MONTHLY AGGREGATE REPORTING	NA	9999
CCE	TERA	MONTHLY AGGREGATE REPORTING	NA	9999
HCE	TERA	MONTHLY AGGREGATE REPORTING	NA	9999
LSP	TERA	MONTHLY AGGREGATE REPORTING	NA	9999
OA3B	TERA	MONTHLY AGGREGATE REPORTING	NA	9999
OA3C1	TERA	MONTHLY AGGREGATE REPORTING	NA	9999
OA3C2	TERA	MONTHLY AGGREGATE REPORTING	NA	9999
OA3D	TERA	MONTHLY AGGREGATE REPORTING	NA	9999
OA3E	TERA	MONTHLY AGGREGATE REPORTING	NA	9999
OA3EG	TERA	MONTHLY AGGREGATE REPORTING	NA	9999

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Appendix A: Service Descriptions and Standards

PROGRAM: Basic Subsidy

PROGRAM FUNDING SOURCE (S): HCE

A. DESCRIPTION: Basic subsidy is a fixed cash payment made to approved caregivers each month to offset some of their expenses for providing support and maintenance of the elder care recipient. This may include medical costs not covered by Medicaid, Medicare, or other insurance.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Clients must be at risk of nursing home placement, living with an approved caregiver, and meet financial eligibility.
2. Payments are made in accordance with a schedule developed by the Department and is based on the client's chargeable income and assets. If both husband and wife are clients, their income and assets are added together and compared to the standard for couples. The basic subsidy is not considered income by the Internal Revenue Service (IRS).
3. The basic subsidy is paid to the caregiver when the client is in the home for any part of the reporting period (16th thru the 15th of the month). If the client is hospitalized or in any other temporary institution but was in the home at any point during the reporting period, the basic subsidy check will be sent to the caregiver.

C. PROVIDER QUALIFICATIONS: The caregiver must:

1. Be an adult at least 18 years of age, capable of providing a family-type living environment and willing to accept responsibility for the social, physical, and emotional needs of the care recipient;
2. Be accepted or designated by the recipient as a caregiver;
3. Be physically present always to provide supervision and assist in arrangement of services for the care recipient or have alternative arrangements for care to be assumed by another adult;
4. Maintain the residential dwelling free of conditions that pose an immediate threat to the life, safety, health, or well-being of the care recipient; and
5. Demonstrate evidence of an established positive personal relationship with the care recipient.

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D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One unit equals one month.
2. The case manager or case aide must confirm that the caregiver provided care to the client during the month. The caregiver may sign a form attesting to eligibility each month and submit it to the case manager, or confirmation may be made by a telephone contact with the caregiver. The confirmation shall be documented in the case narrative of the client's file.
3. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
HCE	BASI	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	1

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Appendix A: Service Descriptions and Standards

PROGRAM: Caregiver Support Groups

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB, OAAIIIE, OAAIIIEG, OAAVII

A. DESCRIPTION: Caregiver support groups are led by a trained individual to facilitate caregivers discussing their common experiences and concerns and develop a mutual support system. Caregiver support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. Caregiver support groups do not include caregiver training, peer-to-peer support groups or other groups primarily aimed at teaching skills or meeting without a trained facilitator.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: To receive caregiver support services, the caregiver must meet program requirements.

C. PROVIDER QUALIFICATIONS: Providers of caregiver support groups shall be qualified by training or experience to lead a caregiver support group.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service - Group: A unit is one episode, regardless of the number who participate. The provider shall keep track of the year-to-date unduplicated clients and client demographics outside of eCIRTS for Older Americans Act Performance System (OAAPS) reporting.
2. A direct payment reimbursement can be provided to facilitate caregiver attendance at caregiver forums with prior written authorization from the program coordinator or designee. Respite services and reimbursement of travel expenses, registration, and fees, etc., may be provided to enable the caregiver to attend caregiver training and support events. Travel expenses, registration and fees must be included in the unit rate. The cost of respite services is not to be included in the unit rate. It shall be reported separately.
3. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	CSG	MONTHLY AGGREGATE REPORTING	N/A	100
CCE	CSG	MONTHLY AGGREGATE REPORTING	N/A	100
HCE	CSG	MONTHLY AGGREGATE REPORTING	N/A	100
HCE	CSGV	MONTHLY AGGREGATE REPORTING	N/A	100
LSP	CSG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	CSG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	CSG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	DPCSG (DIRECT PAY)	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	9999
OA3EG	CSG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG	DPCSG (DIRECT PAY)	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	9999
OAA7	CSG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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Appendix A: Service Descriptions and Standards

PROGRAM: Caregiver Training/Support

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIB, OAAIIE, OAAIIEG, OAAVII

A. DESCRIPTION: Caregiver training/support is defined as the training of caregivers to improve their knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Caregiver training/support may be conducted in-person or online through community workshops, seminars, support groups and other organized local, regional, or statewide events. This service may be provided in individual or group settings.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: To receive caregiver training/support, the caregiver shall be 18 years of age or older.

C. PROVIDER QUALIFICATIONS: Providers of caregiver training/support shall be qualified by training or experienced in the area on which training is being conducted. If providing training involving nutrition education, it shall be planned and directed by a Florida licensed dietitian and/or licensed registered dietitian (Chapter 468.504, Florida Statutes).

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service-Individual: A unit of service is one hour with a client.
2. Unit of Service-Group: A unit is one hour with clients, regardless of the number who participate. The provider shall keep track of the year-to-date unduplicated clients and client demographics outside of eCIRTS for Older Americans Act Performance System (OAAPS) reporting.
3. A direct payment reimbursement can be provided to facilitate caregiver attendance at caregiver forums with prior authorization from the program coordinator or designee. Respite services and reimbursement of travel expenses, registration, and fees, etc., may be provided to enable the caregiver to attend caregiver training and support events. Travel expenses, registration and fees must be included in the unit rate. The cost of respite services is not to be included in the unit rate. It shall be reported separately.
4. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
ADI	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
CCE	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
HCE	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	CTSV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3B	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3E	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3E	DPCTSI (DIRECT PAY)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3EG	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3EG	DPCTSI (DIRECT PAY)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OAA7	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OAA7	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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Appendix A: Service Descriptions and Standards

PROGRAM: Case Aide

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB, OAAIIIE, OAAIIIEG

A. DESCRIPTION: Case aide services are adjunctive and supplemental to case management services and other services that are provided by paraprofessionals under the direction of case managers or designated supervisory staff for non-case managed clients. These services include the following:

1. Assist with implementing care plans;
2. Assist with accessing medical and other appointments;
3. Perform follow-up contacts. This may include the monthly contact with the HCE caregiver;
4. Oversee quality of provider services;
5. Delivery of supplies and equipment;
6. Assist with paying bills;
7. Assist the client or caregiver in compiling information and completing applications for other services and public assistance;
8. Facilitate linkages of providers with recipients via telephone contacts and visits;
9. Determine client satisfaction with services provided;
10. Arrange, schedule and maintain scheduled services;
11. Document activities in the case record;
12. Reconcile and voucher activities and entering data into eCIRTS;
13. Assist with HCE monthly contact to confirm caregiver eligibility; and
14. Record telephone and travel time associated with billable case aide activities.

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Appendix A: Service Descriptions and Standards

- B. NON-BILLABLE ACTIVITIES:** The following activities cannot be billed as case aide, because the time associated with these activities is already included in the unit rate:
1. Community organizing not specific to a client including informing clients of events and meetings;
 2. Staffing or group discussion not associated with single client;
 3. Recruiting/training staff and volunteers;
 4. Attending training;
 5. Conducting workshops;
 6. General program administration functions which include routine supervision of case managers or other program direct service staff or volunteers;
 7. Reviews or home visits conducted because of AAA, DOEA, or OAA monitoring activities;
 8. Home visits and telephone calls made but not received by client/caregiver; and
 9. "Advocacy" or legal-related tasks such as working with officials of DCF Adult Protective Services, lawyers, and other court officials, and various investigators not specific to an individual client.
- C. DELIVERY STANDARDS/SPECIAL CONDITIONS:** Training and certification on the DOEA assessment instrument and care plan forms are required for case aides. All staff conducting assessments must complete the DOEA web-based training and receive a certificate of completion before being eligible to conduct an assessment. To receive a certificate of completion, a score of 90 percent or above on the multiple-choice test is required. Care plan training for new case aides is conducted by the AAAs.
- D. PROVIDER QUALIFICATIONS:** Case aide services shall be provided by the designated lead agency, or as otherwise approved by the AAA. Minimum requirements for case aides include a high school diploma or GED. Job-related experience may be substituted for a high school diploma or GED upon approval of the AAA.

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Appendix A: Service Descriptions and Standards

E. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service with or on behalf of a client accumulated daily. This may include travel time and time spent with caregivers, when it is related to the client's situation.
2. The case aide shall document and sign-off on activities performed on behalf of the client in the client's case record.
3. Activities shall be billed as case aide, not case management.
4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	CA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	CA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	CAV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	CA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100
OA3B	CA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100
OA3E	CA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100
OAA3EG	CA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100

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Appendix A: Service Descriptions and Standards

PROGRAM: Case Management

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIB, OAAIIE, OAAIIEG

A. DESCRIPTION: Case Management is a client-centered service that assists clients in identifying physical and emotional needs and problems through an interview and assessment process; discussing and developing a plan for services which addresses these needs; arranging and coordinating agreed upon services; and monitoring the quality and effectiveness of the services. Case management is a service for actively enrolled clients that provides continuing support and addresses the changing needs of clients.

1. Case management shall be delivered in accordance with the following understanding:
 - a. The case manager's role is that of "gatekeeper" in the community care system. Therefore, the case manager must be knowledgeable about the array of community-based services and resources available to address the needs of clients and their caregivers.
 - b. Assessments and care plan reviews shall be conducted to identify, evaluate and address the client's continuing and changing needs. This includes entering assessments and care plans into eCIRTS.
 - c. Case management is client-centered. Every effort shall be made to link clients with appropriate formal and/or informal support system regardless of the agency or organization offering the services. Service arrangements shall not be limited to those services offered by the agency for which the case manager works.
 - d. Case managers shall ensure full coordination of services provided by various agencies and clients and ensure appropriate use of funding sources.
 - e. Case managers provide linkage between health care and social service delivery systems. This requires involvement with physicians, hospitals, health maintenance organizations (HMOs), nursing homes, and health services.
 - f. Case managers shall actively pursue the development of informal resources to help meet the client's needs.
 - g. Case managers shall help the families of clients to resolve concrete and emotional problems and to relieve temporary stresses

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Appendix A: Service Descriptions and Standards

encountered because of their caregiving efforts. With the client's consent, family involvement in decisions related to a client's plan of care shall be pursued.

- h. Case managers shall arrange training for family members, relatives, and friends in methods of caregiving.
 - i. Case managers shall monitor services to ensure they are having a positive impact on the problems that necessitated the service.
 - j. Scheduled home visits and telephone calls made but not received by client/caregiver, through no fault of the case manager.
- 2. NON-BILLABLE ACTIVITIES:** The following activities cannot be billed as case management because the time associated with these activities is already included in the unit rate:
- a. Community organizing not specific to a client, including informing clients of events and meetings;
 - b. Staffing or group discussion not associated with single client;
 - c. Recruiting/training staff and volunteers;
 - d. Attending training;
 - e. Conducting workshops;
 - f. Billing, filing, vouchering, entering data other than assessments and care plans into eCIRTS and reconciling case narratives and time sheets to billing hours;
 - g. General program administration functions which include routine supervision of case managers or other program direct service staff or volunteers;
 - h. Reviews or home visits conducted because of AAA, DOEA, or OAA monitoring activities; and
 - i. “Advocacy” or legal-related tasks such as working with officials of DCF Adult Protective Services, lawyers, and other court officials, and various investigators not specific to an individual client.

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B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Training and certification on the DOEAs assessment instrument and care plan forms are required for case managers. All staff conducting assessments must complete the DOEAs web-based training and receive a certificate of completion before being eligible to conduct an assessment. To receive a certificate of completion, a score of 90 percent or above on the multiple-choice test is required. Care plan training for new case managers shall be conducted by AAAs. New case managers who have not been trained by the AAA shall have care plans approved by the review and signature of a case manager who has already completed training by the AAA.

C. PROVIDER QUALIFICATIONS:

1. Case management services are provided by the designated lead agency, or as otherwise approved by the AAA. Minimum requirements for new case managers are a bachelor's degree in social work, psychology, sociology, nursing, gerontology or related field. Year-for-year related job experience or any combination of education and related experience may be substituted for a bachelor's degree upon approval of the AAA.
2. Caseloads include clients who have been determined eligible and are receiving case management services. Caseloads exceeding 100 clients require a waiver from the AAA.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service with or on behalf of a client accumulated daily. This may include travel time and time spent with caregivers when it is related to the client's situation.
2. The case manager shall document and sign-off on case management activities in the client's case record.
3. Case Management may be billed prior to client enrollment, as long as case notes detail why services were provided prior to enrollment. This can include case management for APS high-risk referrals. This can also include activities conducted for clients to arrange and/or complete an assessment and the client chooses not to complete an assessment, is found not eligible, or chooses not to enroll.
4. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	CM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	CM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	CMV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	CM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	9999
OA3B	CM	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3E	CM	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA#G	CM	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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Appendix A: Service Descriptions and Standards

PROGRAM: Child Day Care

PROGRAM FUNDING SOURCE(S): OAAIIIEG

A. DESCRIPTION: Child Day Care services are provided to a minor child, not more than 18 years old, or a child who is an individual with a disability residing with an age 55+ grandparent or other age 55+ related caregiver.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Services shall be delivered as respite for caregivers to be temporarily relieved of their responsibility. Child day care services cannot replace other funding available unless all other funding sources are exhausted. Child day care services can be provided for a caregiver to work at a maximum of twenty (20) hours per week.

C. PROVIDER QUALIFICATIONS: Child Day Care services for minor children shall be provided in a facility licensed in accordance with Chapters 402.26 - 402.319, Florida Statutes, and Chapter 65C, Florida Administrative Code. Child day care services for a disabled individual shall be provided in a facility and environment suitable to the disabled person's needs. Standards and licensing requirements to the type of facility apply, i.e., adult day care, etc.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of actual client attendance at a facility is one unit of child day care service. Actual client attendance is defined as the time between the time of arrival and the time of departure from the facility.
2. A direct payment will be provided to the caregiver or vendor in accordance with the agency's direct payment policies. Prior authorization from the Title IIIIE Coordinator or other designated staff is required.

3. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3EG (GRANDPARENT)	DCC	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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Appendix A: Service Descriptions and Standards

PROGRAM: Chore

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIB, OAAIIIES

- A. DESCRIPTION:** Chore is defined as the performance of routine house or yard tasks, including such jobs as seasonal cleaning; yard work; lifting and moving furniture, appliances or heavy objects; household repairs which do not require a permit or specialist; and household maintenance. Pest control may be included, when not performed as a distinct activity.
- B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** Chore services may be provided only when there is no other means to accomplish the required tasks.
- C. PROVIDER QUALIFICATIONS:** Providers of chore services may be licensed home health and hospice agencies. Providers may also be independent vendors qualified to provide such service in accordance with all local ordinances that may apply. Home health agencies shall be licensed by the Agency for Health Care Administration in accordance with Chapter 400 Part IV, Florida Statutes.
- D. RECORD KEEPING AND REPORTING REQUIREMENTS:**
1. Unit of Service: One worker hour, beginning at the time of arrival and concluding at the time of departure from client contact. Chore service does not include travel time to nor from the client's residence, except as appropriate for performing essential errands (such as picking up materials) as approved by the job order.
 2. If services are provided to a couple, units cannot be counted twice.
 3. The service may include the cost of cleaning material or personal protective supplies. Materials used for repair or improvement, such as locks, doors, screens or grab rails, are not included in the unit rate of this service. Such materials should be donated, sponsored or purchased under the service "Material Aid."
 4. The provider must maintain a service log.
 5. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	CHO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	CHO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	CHO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	CHOV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	CHO	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3B	CHO	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3ES (SUPPLEMENTAL)	CHO	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

For HCE, the client file shall document why the caregiver is unable to perform the service.

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Appendix A: Service Descriptions and Standards

PROGRAM: Chore (Enhanced)

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB, OAAIIIES

- A. DESCRIPTION:** Enhanced chore is the performance of any house or yard task necessary to provide a clean, sanitary, and safe living environment. This service is beyond the scope of chore due to the level of service needed. The service includes a more intensified, thorough cleaning to address more demanding circumstances. Pest control may be included when not performed as a distinct activity.
- B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** Enhanced chore services may be provided only when there is no other means to accomplish the required tasks.
- C. PROVIDER QUALIFICATIONS:** Enhanced chore services providers may be licensed home health or hospice agencies. Providers may also be independent vendors qualified to provide such service in accordance with local ordinances that may apply. Home health and hospice agencies shall be licensed by the Agency for Health Care Administration in accordance with Chapter 400 Parts IV and VI, Florida Statutes, respectively.
- D. RECORD KEEPING AND REPORTING REQUIREMENTS:**
1. Unit of Service: One worker hour, beginning at time of arrival and concluding at time of departure from client contact. Enhanced chore service does not include travel time to nor from the client's residence, except as appropriate for performing essential errands (such as picking up materials or dumping debris) as approved by the job order.
 2. If services are provided to a couple, units cannot be counted twice.
 3. The service may include cost of cleaning materials, personal protective supplies, or equipment rental. Materials used for repair or improvement, such as locks, doors, screens or grab rails are not included in the unit rate of this service. Such materials should be donated, sponsored or purchased under the service "Material Aid."
 4. The provider must maintain a service log.
 5. eCIRTS reporting requirements are included in the chart on the next page:↓

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Appendix A: Service Descriptions and Standards

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	ECHO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	ECHO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	ECHO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	ECHV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	ECHO	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3B	ECHO	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3ES (SUPPLEMENTAL)	ECHO	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

For HCE, the client file shall document why the caregiver is unable to perform the service.

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Appendix A: Service Descriptions and Standards

PROGRAM: Companionship

PROGRAM FUNDING SOURCE(S): ADI, CCE, LSP, OAAIIIB

A. DESCRIPTION: Companionship is visiting a client who is socially and/or geographically isolated, to relieve loneliness and provide continuing social contact with the community. This service includes activities such as engaging the client in casual conversation, helping with reading, writing letters, escorting a client to a medical appointment and diversional activities such as playing games, going to the movies, the mall, the library, or grocery shopping.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Companionship services consist of non-hands-on, non-medical care, supervision and socialization activities provided on a one-on-one basis. A companion may assist the client with such tasks as meal preparation, laundry and shopping; however, these activities shall not be performed as discrete services.
2. This service does not include hands-on personal or medical care.
3. Companionship services shall be provided in direct relation to the achievement of the client's specific outcomes or goals in the care plan.
4. Companionship services may include transportation, but transportation services are not permitted to be the sole activity provided for a reported unit. Companionship services may be used if the client requires assistance and supervision to attend therapy, dental or medical appointments. Clients shall not receive this service in the provider's home.

C. PROVIDER QUALIFICATIONS:

1. The service shall be provided in accordance with the regulation of Home Health Agencies in Chapter 400, Part IV, Florida Statutes, and Chapter 59A-8, Florida Administrative Code. Companions shall meet background screening and training requirements, and provide services in accordance with Chapter 400.512, Florida Statutes, and Chapters 59A-8.004 (10) and (11) and 59A-8.0095(12) Florida Administrative Code.
2. An agency or individual that provides companionship services shall be licensed in accordance with Chapter 400.464, Florida Statutes. Agencies or organizations providing companionship services that do not provide home health service are exempt from licensure but shall be registered in accordance with Chapters 400.464 and 400.509, Florida Statutes.

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Appendix A: Service Descriptions and Standards

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct client contact. Companionship services involve one-on-one contact with the client. If the individual chooses to bring a "friend," only the services provided to the one individual are to be billed.
2. A companion may not bill for services to two clients for the same period.
3. Companions shall maintain a chronological written record of services and report any unusual incidents or changes in the client's behavior to their supervisor.
4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	COMP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	COMP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	COMP	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OA3B	COMP	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999

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Appendix A: Service Descriptions and Standards

PROGRAM: Counseling (Gerontological)

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIB, OAAIID, OAAIIE, OAAIIEG

A. DESCRIPTION: Gerontological counseling provides emotional support, information and guidance through a variety of modalities including mutual support groups for older adults who are having mental, emotional or social adjustment problems that have arisen because of the process of aging.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: There shall be access to adequate, private working space to conduct either individual or group counseling sessions. These services may be provided in the provider's office, the client's residence, or other appropriate locations in the community.

For OAAIID, this service must meet ACL's Definition of Evidence-Based. Approval from the DOEA contract manager is required prior to using this service description under OAA IID.

C. PROVIDER QUALIFICATIONS: This service may be provided by the designated lead agency or as otherwise approved by the AAA. Minimum requirements for persons providing counseling are a bachelor's degree in social work, psychology, sociology, nursing, gerontology, or a related field. Year-for-year related job experience or any combination of education and related experience may be substituted for a bachelor's degree upon approval of the AAA. Gerontological counseling may be conducted by paid, donated, and volunteer staff. Volunteer staff shall meet comparable standards as paid staff.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service Individual: One hour of direct service with or on behalf of a client accumulated daily.
2. Unit of Service Group: One hour of direct service with or on behalf of clients regardless of the numbers of participants. The provider shall keep track of the year-to-date unduplicated clients and client demographics outside of eCIRTS for Older Americans Act Performance System (OAAPS) reporting.
3. The provider shall maintain a summary note for each contact, copy of the assessment, and the treatment plan.
4. For OAAIID Program:
 - The provider must have a sign-in sheet for the evidence-based program, which includes the time started, time ending, date, location,

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Appendix A: Service Descriptions and Standards

funding source, title of evidence-based program, and signature of individuals participating.

- The contractor must submit ACL's criteria documents proving that the service provided is an evidence-based program.
- The contractor must verify and maintain documentation of provider qualifications for service.

5. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
ADI	GECI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
CCE	GECI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
HCE	GECI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	GECV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	GECI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3B	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	GECI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3D	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	GECI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3E	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	GECI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3EG (GRANDPARENT)	GECI INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3EG (GRANDPARENT)	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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Program: Mental Health Counseling (Mental Health/Screening)

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB, OAAIIID, OAAIIIE, OAAIIIEG

A. DESCRIPTION:

1. Mental health counseling services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments of persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group, and family therapy provided to clients using techniques appropriate to this population.
2. Specialized mental health services include information gathering and assessment, diagnosis and development of a treatment plan in coordination with the client's care plan. This specialized treatment will integrate the mental health interventions with the overall service and supports to enhance emotional and behavioral functions. This may be done on a one-to-one or group basis.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. These services may be provided in the provider's office, the client's place of residence, or other appropriate locations in the community.
2. All other funding sources shall be exhausted prior to the use of DOEA funded mental health counseling.
3. For OAAIIID, this service must meet ACL's Definition of Evidence-Based. Approval from DOEA contract manager is required prior to using this service description under OAA IIID.

C. PROVIDER QUALIFICATIONS: Providers of specialized mental health services shall be:

1. Psychologists or psychiatrists licensed by the Department of Health in accordance with Chapter 490, Florida Statutes; or
2. Clinical social workers, marriage and family therapists or mental health counselors licensed by the Department of Health in accordance with Chapter 491, Florida Statutes.

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D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service Individual: One hour of direct service with or on behalf of a client accumulated daily.
2. Unit of Service Group: One hour of direct service with or on behalf of clients regardless of the number of participants.
3. The provider shall maintain a summary note, copy of the assessment, and the treatment plan.
4. For OAA IIID Program:
 - The provider must have a sign-in sheet for the evidence-based program, which includes the time started, time ending, date, location, funding source, title of evidence-based program, and signature of individuals participating.
 - The contractor must submit ACL's criteria documents proving that the service provided is an evidence-based program.
 - The contractor must verify and maintain documentation of provider qualifications for service.
5. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
ADI	MHSI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
CCE	MHSI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
HCE	MHSI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	MHSV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	MHSI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	MHSI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	MHSI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	MHSI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3EG (GRANDPARENT)	MHSI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3EG (GRANDPARENT)	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM: Education/Training

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB, OAAIIIE,
OAAIIIEG, OAAVII

A. DESCRIPTION: Education/Training is defined as:

1. Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities;
2. Providing formal or informal opportunities for individuals or groups to acquire knowledge, experience, or skills; to increase awareness in such areas as crime or accident prevention; promoting personal enrichment; and to increase or gain skills in a specific craft, trade, job or occupation. Training individuals or groups in guardianship proceedings of older individuals if other adequate representation is unavailable can also be done; and
3. Training conducted by memory disorder clinics funded under the Alzheimer's Disease Initiative designated to increase understanding of the disease and facilitate management of persons with Alzheimer's disease by their caregivers and health professionals.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: There are no age requirements for receiving education/training.

C. PROVIDER QUALIFICATIONS: A person qualified by training or experience shall be designated to provide the service.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service—Individual: An episode of direct service with a client, regardless of the amount of education/training provided.
2. Unit of Service—Group: An episode, regardless of the number of persons educated. Examples of one unit of service are:
 - a. One presentation, regardless of number of attendees;
 - b. One training presentation;
 - c. One program-wide distribution of information;
 - d. One article prepared and printed in a newsletter or newspaper;

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Appendix A: Service Descriptions and Standards

- e. One radio or television presentation; or
- f. One exhibit at a health fair or other public event, whose audience or attendees are known to include older adults or caregivers.

6. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
ADI	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CCE	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
HCE	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
HCE	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE	9999
OA3EG (GRANDPARENT)	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG (GRANDPARENT)	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OAA7	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OAA7	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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APPENDIX A: Service Descriptions and Standards

PROGRAM: Emergency Alert Response

PROGRAM FUNDING SOURCE(S): ADI, CCE, LSP, OAAIIIB, OAAIIIES

A. DESCRIPTION: Emergency alert/response service is a community-based electronic surveillance system, which monitors the frail homebound elder by means of an electronic communication link with a response center. Examples of this service may include: medical alert device, wandering detector and smart medical monitoring devices. The service consists of:

1. Surveillance of a client from a remote location, 24 hours a day, seven days a week activated by a wireless signal
2. Response to the client activated emergency signal by the surveillance/response center; and
3. An emergency telephone communication from the response center to a local emergency team such as 911, police, fire department, ambulance, friends and/or neighbors directing emergency services to the client's home.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Components: The home communicator device requires a landline or cellular service telephone service and internet service.
2. Response Activation: Depending on the device it may be activated by the client, or if a client leaves a designated area or in response to the clients health.
3. The client must have, or be willing to arrange for, a landline or cellular phone, and be mentally and physically able to use the equipment appropriately.
4. All equipment shall be approved by the Federal Communications Commission (FCC), and both the button and communicator shall have proper identification numbers. The portable button sends a wireless signal, no less than 200 feet, to a receiver located in the communicator. As new technology emerges and is not approved by the FCC it must be purchased by a creditable supplier.
5. For certain specified communicators that are designed to receive a wireless signal using a manual button for signaling a need for help.
 - It also has a digital dialer to transmit the signal to the central receiving station. It shall provide an audible and visual indication of system

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APPENDIX A: Service Descriptions and Standards

operation for visual and hearing-impaired persons. It shall have a rechargeable battery with ten (10) hours backup in case of a power outage.

- The communicator is attached and does not interfere with normal use of the telephone. It has the capability of automatically seizing the telephone line, even if the phone is off the hook, dialing the number of the central station and giving identifying information about the person. Where there are multiple phones or devices on one telephone line, it will be necessary to install an alarm jack, e.g., a RJ31X.
- The communicator shall continually check for no-power conditions and indicate such conditions to the client and monitor. The communicator shall check for an active telephone line at least once every 24 hours. If no signal is received, the central station will contact the client to test the unit. If no test signal is received, the service provider shall investigate and resolve.

C. 24-Hour Monitoring Equipment Specifications:

1. The emergency response center equipment consists of a primary receiver, a backup receiver, a clock printer, a backup power supply and a primary and backup telephone line monitor. A single element can fail without causing a loss of signal;
2. The printer prints out the time and date of the emergency signal, the client identification code, and emergency codes indicating active or passive alarm or responder reset;
3. The backup power supply provides for an excess of ten (10) hours of emergency response center operation in the event of a power failure;
4. The telephone line monitor gives visual and audible signals if the incoming telephone line is disconnected for more than ten (10) seconds; and
5. The provider agency shall arrange monthly phone calls to each client's home to test the system operation, update records and provide direct client contact.

D. PROVIDER QUALIFICATIONS: Alarm system manufacturers shall comply with Chapter 489.503(15), Florida Statutes. Alarm system contractors shall be certified under Chapter 489, Part II, Florida Statutes. Lead agencies shall operate in accordance with Chapter 489.503(15), Florida Statutes. Hospitals shall be licensed under Chapter 395, Florida Statutes.

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E. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One day. Installation may be reported separately as one episode.
2. A log must be kept of all signals received and reports filed for each active emergency. Verification of daily self-checks must be available.
3. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	EAR	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
ADI	EAR (INSTALL)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	1
CCE	EAR	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	EAR (INSTALL)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	1
LSP	EAR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	EAR (INSTALL)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	1
OA3B	EAR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	EAR (INSTALL)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	1
OA3ES	EAR	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OA3ES	EAR (INSTALL)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	1

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APPENDIX A: Service Descriptions and Standards

PROGRAM: Escort

PROGRAM FUNDING SOURCE(S): ADI, CCE, LSP, OAAIIB, OAAIIID

A. DESCRIPTION: Escort is personal accompaniment and assistance to a person who has difficulties (physical or cognitive) using regular vehicular transportation. The accompaniment and assistance are provided to clients to or from service providers, medical appointments or other destinations needed by the client. Escort is essential during travel to provide safety, security and support.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Escorts may also provide language interpretation to persons with hearing/speech impairments or who speak a foreign language.

C. PROVIDER QUALIFICATIONS:

1. Providers of escort services shall have equipment available to assist in mobility of persons with disabilities such as steps, walkers, wheelchairs and sliding guards and have the capacity to operate the equipment. Providers shall also be certified in first aid.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service with a client accumulated daily per person escorted.
2. Escort units may not be counted in addition to the transportation unit if the escort service is provided by the vehicle driver.
3. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	ESC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	ESC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	ESC	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3B	ESC	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING	9999
OA3D	ESC	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING	9999

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APPENDIX A: Service Descriptions and Standards

PROGRAM: Evidence-Based A Matter of Balance Program and Programa Un Asunto de Equilibrio

PROGRAM FUNDING SOURCE(S): OAAIIID

A. DESCRIPTION: A Matter of Balance Program and Programa Un Asunto de Equilibrio were adapted from Boston University Roybal Center by MaineHealth's Partnership for Healthy Aging. A Matter of Balance uses practical coping strategies to reduce fear of falling and to diminish the risk of falling, including group discussions, mutual problem solving, exercises to improve strength, coordination and balance, and home safety evaluation.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. This program is targeted for older adults 60 or over. Sessions should be held in a facility that is ADA accessible with enough space for participants to move around comfortably. Materials needed for the classes include a DVD player, participant workbooks, and DVD set, A Fear of Falling: It's a Matter of Balance and Exercise: It's Never Too Late.
2. Other program requirements include:
 - a. Number of weeks: Eight weeks (once a week) or four weeks (twice a week)
 - b. Workshop participant size:
 - Minimum eight (8) participants; and
 - Maximum 12 participants
 - c. Session length: two (2) hours a session
 - d. Two coaches are required to facilitate sessions. Master Trainers are not required to facilitate workshops in pairs however it is recommended to ensure fidelity of program.
3. A completer is an individual who has attended five out of the eight sessions.

C. PROVIDER QUALIFICATIONS:

1. This evidence-based program is facilitated by either Master Trainers or coaches. Master Trainers are trained by individuals from Maine Health's Partnership for Healthy Aging (PFHA).

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2. Coaches are trained by Master Trainers.
3. The Master Trainer receives a license agreement and is responsible for and providing technical assistance to the coaches.
4. Provider must maintain program fidelity to the original program design by Boston University Roybal Center.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Provider shall maintain all appropriate documentation as set forth by the program including participant data, sign-in sheets (showing time started, time ended, date, location, funding source, title of evidence-based program, and signature of individuals participating), evaluations, and workshop information.
2. The contractor must verify and maintain documentation of provider qualifications for service.
3. Unit of Service Group: One episode of direct service with a minimum of eight (8) participants and maximum of 12 participants on the first session. The same participants would continue through the four-week (2 times weekly) or eight- week (one time weekly) course. One episode equals either a four-week or eight-week session. The entire eight weeks needs to be completed prior to submitting for payment.
4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	MOBG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	ASEQG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<https://www.mainehealth.org/healthy-communities/healthy-aging/matter-of-balance>

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APPENDIX A: Service Descriptions and Standards

PROGRAM: Evidence-Based Active Living Every Day

PROGRAM FUNDING SOURCE(S): OAAIIID

A. DESCRIPTION: Active Living Every Day (ALED) is a step-by-step behavior change program that helps individuals overcome their barriers to physical activity. This program was developed by the Cooper Institute and Human Kinetics. ALED offers alternatives to more traditional, structured exercise programs. Participants choose their own activities and create their own plans based on their lifestyle and personal preferences, focusing on moderate-intensity activities that can be easily added to their daily routines. The course text and online tools offer structure and support as participants explore their options and begin to realize how enjoyable physical activity can be. As participants work through the course, they learn lifestyle management skills and build on small successes with methods that have proven effective in producing lasting change.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. It is a 12-week course, and it can be offered in a group or one-on-one format, and focuses on behavior change to help sedentary adults adopt and maintain physically active lifestyles.
2. It is recommended that group participant workshops start out with a minimum of five individuals and maximum of 20. To gain the full benefit of the program, it is recommended that participants attend at least 70 percent of the sessions (8 out of 12 sessions).
3. Instructor may choose to have additional sessions if needed; however, unit of service is based on the 12-week format.

C. PROVIDER QUALIFICATIONS:

1. To become an Active Living Partner, you must:
 - a. Contact Active Living Partners (the contact information is located under program description above).
 - b. Sign a license agreement. This allows you to offer Active Living Partners courses and to use our name, logo, and materials.
 - c. Complete facilitator training. Providers must complete an online facilitator course, participate in either an in-person or Web-based training workshop, and pass an online exam. Individual does not have to be a health care professional to complete the facilitator training.
 - d. Start offering courses – Active Living Partners will provide lesson

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plans, marketing materials, guidance on working with groups, and support from our staff when you need it.

2. Provider must maintain program fidelity to the original program design by The Cooper Institute.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (i.e., summary notes for each contact, copy of the assessment, and the treatment plan).
2. The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign-in sheets, which includes the time started, time ending, date, location, funding source, title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.)
3. The contractor must verify and maintain documentation of provider qualifications for service.
4. Unit of Service Individual: One episode equals the full 12-week course, regardless of the number of weeks the course is offered. Direct service with a participant for the entire 12-week course. The same participant would continue through the 12-week course.
5. Unit of Service Group: One episode equals one full 12-week course, regardless of the number of completers. Direct service with no more than the maximum of 20 participants in the first session course regardless of the number of participants for the entire 12-week course. The same participants would continue through the 12-week course.
6. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	ALEDG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	ALEDI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<https://us.humankinetics.com/blogs/active-living/training-support>

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PROGRAM: Evidence-Based Applied Suicide Intervention Skills Training (ASIST)

PROGRAM FUNDING SOURCES (S): OAAIID

A. DESCRIPTION: The Applied Suicide Intervention Skills Training (ASIST) program was developed in 1983. ASIST is a two (2)-day training program aimed at developing “suicide first aid” skills and competencies. The program is available to anyone seeking to increase the immediate safety of persons at risk of suicide. Since people at risk are often inclined to reach out first to family and friends, ASIST fulfills a “gatekeeper” role that seeks to build and empower a broad network of community helpers. ASIST also provides those in more formal helping roles with professional development to ensure that they are prepared to provide suicide first aid help as part of the care they provide.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. This program is targeted for older adults 60 or over. Sessions should be held in a facility that is ADA accessible with enough space for participants to move around comfortably.
2. Participants will receive one participant training kit per session. The kit includes a workbook, reminder card stickers, and a certificate of attendance.
3. ASIST workshops are facilitated by a minimum of two registered trainers, per 15-30 participants, who have completed a five-day Training for Trainers (T4T) course.
4. A minimum of three trainers will be required for workshops with 30-45 participants.
5. Workshops over 45 participants are not recommended and should be split into two separate sessions instead.

C. PROVIDER QUALIFICATIONS:

1. Provider must complete a five-day T4T ASIST Training; registration is maintained thereafter by presenting at least one workshop per year.
2. Provider must maintain program fidelity to the original program designed by Living Works.

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D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Provider shall maintain all appropriate documentation as set forth by the program including participant data, sign-in sheets (showing time started, time ended, date, location, funding source, title of evidence-based program, and signature of individuals participating), evaluations, and workshop information.
2. The contractor must verify and maintain documentation of provider qualifications for service.
3. Unit of Service Group: One episode of direct service with a minimum of 15 participants and maximum of 45 participants on the first session. The same participants would complete the two-day training. One episode equals one two-day training. The entire two-day training needs to be completed prior to submitting for payment.
4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	ASIST	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<https://www.livingworks.net/asist>

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PROGRAM: Evidence-Based Arthritis Foundation Exercise Program

PROGRAM FUNDING SOURCE(S): OAAIID

A. DESCRIPTION: The Arthritis Foundation Exercise Program (AFEP) is a group recreational exercise program designed specifically for people with arthritis and related diseases. The Arthritis Foundation now partners with the Athletics and Fitness Association of America for program fidelity. The program uses gentle activities to help increase joint flexibility and range of motion, maintain muscle strength, and to increase overall stamina. Other reported benefits include increased functional ability, increased self-care behaviors, decreased pain and decreased depression. The exercises learned in the program, however, should not replace therapeutic exercises prescribed for the participant by their therapist.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. AFEP classes meet for one hour, one to three times per week, for eight weeks. Instructors select from a total of over 70 exercises, performed while sitting, standing, or lying on the floor. Also included are a variety of endurance-building activities, games, relaxation techniques, and health education topics. Because there are many types of arthritis, two different levels of the AFEP program are available: basic and advanced.
2. The host sites in which Arthritis Foundation Exercise Program classes are conducted must be an accessible site consistent with the Americans with Disabilities Act, and the exercise room must set-up in a way that facilitates safe, comfortable, effective group interaction and activity.
3. Per the program developer, there is no specified minimum or maximum number of participants for this class. However, provider must monitor and maintain records of monitoring the program to ensure participant safety and program fidelity.

C. PROVIDER QUALIFICATIONS:

1. Certification as an Arthritis Foundation Exercise Program Instructor requires:
 - Successful completion of an Arthritis Foundation Exercise Program Leader Training Course
 - Proof of CPR/AED certification
 - Recertification every two years

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D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program including participant data, sign-in sheets (showing time started, time ended, date, location, funding source, title of evidence-based program, and signature of individuals participating), evaluations, and workshop information.
2. The contractor must verify and maintain documentation of provider qualifications for service.
3. Unit of Service Group: One episode of direct service with or on behalf of clients regardless of the numbers of participants for the entire eight-week period.
4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	AFEPG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:
<https://aeawave.org/Arthritis/Arthritis-Foundation-Programs>

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PROGRAM: Evidence-Based Arthritis Foundation Tai Chi Program (Tai Chi for Arthritis)

PROGRAM FUNDING SOURCE: OAAIID

A. DESCRIPTION: The Arthritis Foundation Tai Chi Program, (also known as Tai Chi for Arthritis) offered in community settings, has been proven to improve movement, balance, strength, flexibility, and relaxation. Other benefits associated with this program include decrease in pain and falls. Fidelity and training information is found through the Tai Chi for Health Institute based in Australia.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. This program is targeted for older adults 60 or older with chronic pain.
2. Participants are led by a certified Tai Chi For Health Institute board trainer.
3. Other requirements of the program include:
 - a. Class schedule: 6-8 weeks (twice per week).
 - b. Session length: 45-60 minutes per class.

C. PROVIDER QUALIFICATIONS:

1. Trainers must complete a two-day Arthritis Foundation instructor training workshop; recertification training is every two years (one-day training); trainers must be CPR certified and must carry professional liability insurance.
2. For Tai Chi AZ, Trainers must complete the Tai Chi for Health Institute or Arthritis foundation instructor training for the Tai Chi for Arthritis Part II Program.
3. Provider must maintain program fidelity to the original program design by The Arthritis Foundation through Tai Chi for Health Institute.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Provider shall maintain all appropriate documentation as set forth by the program including participant data, sign-in sheets (showing time started, time ended, date, location, funding source, title of evidence- based program, and signature of individuals participating), evaluations, and

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workshop information.

2. Unit of Service Group: One episode of direct service with or on behalf of clients regardless of the numbers of participants for the entire 6-8- week period.
3. The contractor must verify and maintain documentation of provider qualifications for service.
4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	AFTCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<http://taichiforhealthinstitute.org/programs/tai-chi-for-arthritis/>

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PROGRAM: Bingocize®

PROGRAM FUNDING SOURCE: OAA IIID and OAAIV

A. DESCRIPTION: Based on research from the Western Kentucky University Center for Applied Science in Health and Aging (CASHA), Bingocize® is an evidence-based health promotion program approved through both SNAP-Ed and the National Council on Aging (NCOA). Bingocize® combines exercise and health information with the familiar game of bingo. The unique addition of bingo addresses many of the barriers to older adults' participation because the game is fun, familiar, and done in a group setting. The program has been shown to increase older adults' functional fitness, health knowledge, and social engagement in a variety of settings. The program can be delivered two ways. First, certified leaders can use printed curriculum materials along with the facility's regular bingo game. Second, a certified leader can use a mobile app to deliver the program to participants who also use the mobile app to play Bingocize® on an electronic device. The mobile app allows for remote delivery of the program. Regardless of the delivery, the exercises and health information are the same. Participants (Bingocizers®) complete a series of strategically inserted exercises designed to increase or decrease the intensity and volume of exercise. Health education questions focused on either falls prevention or nutrition are also inserted into the game. Participants rest while numbers are called for the bingo game, then complete more strategically inserted exercises or health education questions, rest during number calling, and so on. This pattern is continued until a Bingocizer® wins the game. Small prizes (not included with program) are awarded to winners. Additional games are played until all planned exercises are completed. Leader and participant materials are available in Spanish.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Bingocize® is offered to older adults, aged 60 and older of all ability levels in community settings. Participants play twice a week in sessions provided by a certified leader.
2. Bingocize® is a (10) week-long program of 1-hour online or in person sessions 2 times per week on nonconsecutive days.
3. There must be a minimum of 8 and a maximum of 20 participants for one certified leader. If the number of participants exceed 20, two certified leaders are required.
4. 80 percent attendance or 16 of 20 sessions attended is considered completion.

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C. PROVIDER QUALIFICATIONS:

1. Trainers complete online training that consists of five self-paced modules. A Certificate of Completion can be printed at the end of the training. The training is good for two years.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (i.e., administer and collect the Bingocize® Participant Pre-Unit Assessment Form from all participants prior to beginning the first session; track attendance throughout the 10 weeks for all 20 sessions using the Weekly Attendance Form; have all participants complete the Bingocize® Participant Post-Unit Assessment Form at the end of the 10 weeks, scan the pre and post surveys, as well as the attendance documentation into one pdf document, and email the document to bingocizedata@wku.edu).
2. The contractor must verify and maintain documentation of provider qualification for service, i.e., copy of leader certification.
3. Unit of Service Group: An episode (online or in-person) equals the full 20-hour program provided over a (10) week period in 1-hour sessions, 2 time a week on nonconsecutive days, regardless of the number of completers.
5. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	BINGO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

www.bingocize.com

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PROGRAM: Evidence-Based Brief Intervention and Treatment for Elders (BRITE)

PROGRAM FUNDING SOURCE(S): OAAIID

A. DESCRIPTION: The Brief Intervention and Treatment for Elders (BRITE) was developed by the Florida Mental Health Institute, University of South Florida and the Florida Department of Children and Families (DCF). The mission of BRITE is to identify non-dependent substance use or prescription medication issues and to provide effective service strategies prior to their need for more extensive or specialized substance abuse treatment. BRITE offers screening, brief intervention, and referral for professional assessment by trained BRITE health educators. BRITE is the only SBIRT (Screening, Brief Intervention, and Referral to Treatment) specific to older adults.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. This service may be provided in the provider's office, the client's place of residence, or other appropriate locations in the community.
2. This service consists of:
 - Prescreening
 - Screening
 - Brief Intervention
 - Referral for professional assessment (previously labeled as "referral to treatment")
3. Screening instruments and educational materials for this program are available using the website provided.

C. PROVIDER QUALIFICATIONS: Outreach, screening and services need to be conducted by BRITE "health educators." This category illustrates that this is a wellness, educational, and public health approach. As the education and training of staff members and volunteers vary widely, agencies implementing BRITE must ensure individuals who serve as BRITE health educators meet the following criteria:

- Received BRITE training and is certified (process to be established); and
- Job function allows for at least 20 minutes up to one hour on each visit with the client.

This approach can be delivered by aging services' case managers, nurses, social workers, and other professionals familiar with the aging population. These may be ideal personnel to deliver the protocol, although these titles are not indicative of required job functions.

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The BRITE health educators shall include certified addictions specialists, nurses, licensed social workers, case managers, licensed psychologists, and licensed mental health counselors. These licensed professionals must be trained to deliver the BRITE program.

The BRITE health educator training consists of the use of screening techniques, brief intervention with the Health Promotion Workbook, referral for professional assessment, and data collection.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program, i.e. summary notes for each contact, copy of the completed baseline (ASSIST) and three-month follow-up assessments, a copy of the completed Health Promotion Workbook or similar documentation, and a copy of the service plan.
2. The contractor must verify and maintain documentation of provider qualifications for service.
3. Unit of Service—Individual: An episode is an activity with one client served, regardless of the number of screening questions or the information provided.
4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	BRITEI (IND IV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<http://brite.fmhi.usf.edu/BRITE.htm>

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PROGRAM: Evidence-Based Chronic Disease Self-Management Program

PROGRAM FUNDING SOURCE(S): OAAIID

A. DESCRIPTION: The Chronic Disease Self-Management Program was developed by Stanford University; the division has been renamed as the Self-Management Resource Center (SMRC). People with different chronic health problems attend workshops in a community setting. Subjects covered include:

- Techniques to deal with problems such as frustration, fatigue, pain and isolation;
- Appropriate exercise for maintaining and improving strength, flexibility, and endurance;
- Appropriate use of medications;
- Communicating effectively with family, friends, and health professionals;
- Nutrition; and
- how to evaluate new treatments.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. This service must maintain fidelity of the program in accordance with Stanford University/SMRC fidelity and administrative/implementation manuals.
2. Other requirements of the program include:
 - a. Number of weeks: Six-weeks (once a week)
 - b. Workshop participant size:
 - 8-14 (10 minimum strongly advised) participants per face-to-face workshop.
 - 8-12 participants per virtual workshops
 - c. 3-5 participants per Tool Kit with scripted phone calls. Session length: 2.5 hours a session
 - d. Workshops are facilitated from a highly-detailed manual by two trained SMRC Leaders, one SMRC Master Trainer, or one SMRC T-Trainer.
3. Any deviation of this program as set forth by Stanford University/SMRC

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is a violation of the license and may result in revocation of the Stanford University/SMRC license.

C. PROVIDER QUALIFICATIONS:

1. An SMRC Leader must have successfully completed four-day/24-hour training as required for the SMRC Leader designation.
2. To remain active as an SMRC Leader, they must facilitate at least one six- week workshop every 12 months.
3. If SMRC Leaders are unable to facilitate a workshop within a given 12 months, they may attend a refresher training, though not to be used during the first 12 months after completing training, nor two years in a row.
4. If SMRC Leaders are unable to facilitate a workshop and the option of a refresher training is not available, or more than two years have passed without facilitating, they must attend a new four-day/24-hour training.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign-in sheets (which includes the time started, time ending, date, location, funding source, title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).
2. The contractor must verify and maintain documentation of provider qualification for service.
3. Unit of Service Group: One episode of direct service with a minimum of 8 participants and a maximum of 16 participants (minimum 8/maximum 16 in rural and low populated areas) on the first session. The same participants would continue through the six-week course. One episode equals six-week session. The entire six weeks needs to be completed prior to submitting for payment.
4. eCIRTS reporting requirements are included in the chart below: ↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	CDSMPG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<https://selfmanagementresource.com/programs/>

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PROGRAM: Evidence-Based Chronic Pain Self-Management

PROGRAM FUNDING SOURCE(S): OAAIID

A. DESCRIPTION: The Chronic Pain Self-Management Program (CPSMP) is a workshop for those living with chronic pain. CPSMP provides information and teaches practical skills to build participants' confidence in their ability to manage their pain on a day to day basis. This program is for people with chronic pain conditions, such as back pain, arthritis, headaches.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. This program is targeted for older adults 60 or older with chronic pain.
2. Workshop Leaders:
 - Two trained leaders, one or both of who are non-health professionals with chronic pain themselves for both in-person and virtual workshops.
 - One trained leader for Tool Kit with small group phone calls workshops.
 - Must be trained by SMRC-certified Master Trainers.
3. Workshops are highly interactive and participative. Other requirements of the program include:
 - Class schedule: Six weeks/ one session per week.
 - Session length: 2.5 hours per session.
 - Number of participants:
 - o 8-14 (10 minimum strongly advised) participants per face-to-face workshops and maximum 16 participants.
 - o 8-12 participants per virtual workshops.
 - o 3-5 participants per Tool Kit with scripted phone calls workshops.
4. Any deviation of this program as set forth by Stanford University is a violation of the license and may result in revocation of the Stanford license.

C. PROVIDER QUALIFICATIONS:

1. This service may be provided by trained Master Trainers and Lay

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Leaders who are approved by a license provider. The program requires two trained lay leaders to facilitate a six-week session workshop. Provider will follow Stanford's qualifications as stated in the Implementation and Fidelity manual in recruiting Master Trainers and Lay Leaders.

2. Individuals who are trained in the Stanford University's evidence-based programs need to be either Master Trainers or Lay Leaders.
3. Provider must maintain program fidelity to the original program design by Stanford University.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign-in sheets (which includes the time started, time ending, date, location, funding source, title of evidence-based program, and signatures of individual participating), evaluations, workshop information, etc.).
2. Unit of Service Group: One episode of direct service with a minimum of 8 participants and a maximum of 16 participants would continue through the six-week course. One episode equals six-week session. The entire six weeks need to be completed prior to submitting for payment.
3. The contractor must verify and maintain documentation of provider qualifications for service.
4. CIRT reporting requirements are included in the chart below: ↓

eCIRT REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	CPSMPG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for training information

[Training - SMRC - Self-Management Resource Center](#)

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PROGRAM: Evidence-Based Diabetes Empowerment Education Program

PROGRAM FUNDING SOURCE(S): OAAIID

A. DESCRIPTION: The Diabetes Empowerment Education Program (DEEP) was designed to provide residents in the community with tools to better manage their diabetes. The content components include nutrition, prevention of both chronic and acute complications, blood glucose monitoring, insulin pump program, and individual goals which include quality and length of life.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: The Diabetes Empowerment Education Program is divided into eight modules covering diabetes related topics such as nutrition, complications, medications, and risk factors. The curriculum is based on national medical care and diabetes self-care education guidelines. It is hoped that professionals, community educators or promoters, and other educators will use the curriculum with adequate responsibility and achieve an impact in their communities. The curriculum has been divided into eight modules so that the facilitator(s) can use them in any order.. DEEP is recommended to be led by two (2) facilitators in six (6) to eight (8) weekly sessions. Each module takes approximately 1.5 to 2 hours per session to be taught. Modules use participatory and empowerment adult education methods to give community participants the necessary skills and knowledge for an improved quality of life.

C. PROVIDER QUALIFICATIONS: There are three levels of DEEP trainers: Senior Trainers, Lead Trainers, and Peer Educators. Senior Trainers, train Lead Trainers, Peer Educators, and patients or clients. Lead Trainers, train Peer Educators, and patients or clients. Eligibility to attend the Senior and/or Lead Training requires professional experience and/or an academic background in allied health professions. Senior Trainers must have extensive experience using DEEP. Lead Trainers include nurses, dietitians, pharmacists, doctors, social workers, and community health workers or other professionals with experience in diabetes education. Peer Educators train patients or clients. Peer Educators can be diabetes patients or community members who want to help other residents understand how to manage their diabetes and avoid complications. Every patient, community health worker, or health professional who wants to teach DEEP must be certified. Individuals who wish to become certified must be trained by a certified DEEP Senior Trainer or Lead Trainer. Provider must maintain program fidelity to the original program design by The Institute for Health Research and Policy at UIC.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Provider shall maintain all appropriate documentation as set forth by the program including participant data, sign-in sheets (showing time started, time ended, date, location, funding source, title of evidence-based program, and signature of individuals participating), evaluations, and

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workshop information.

2. The contractor must verify and maintain documentation of provider qualifications for service.
3. Unit of Service Individual: One episode of direct service with or on behalf of a client for the entire six to eight-week workshop.
4. Unit of Service Group: One episode of direct service with or on behalf of clients regardless of the numbers of participants, for the entire six to eight week workshop.
5. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	DEEPG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	DEEP (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<https://otm.uic.edu/deep-program-2/training-2/>

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PROGRAM: Evidence-Based Diabetes Self-Management Program and Programa de Manejo Personal de la Diabetes

PROGRAM FUNDING SOURCE(S): OAAIIID

A. DESCRIPTION: The Diabetes Self-Management Program and Programa de Manejo Personal de la Diabetes were developed by Stanford University; the division has been renamed as the Self-Management Resource Center (SMRC). Individuals managing Type 2 diabetes make weekly action plans, share experiences, and help one another create and carry out these plans while they are taught (through workshops) techniques, appropriate exercises, healthy eating, appropriate use of medications, and ways to work more effectively with health care providers.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. This service must maintain fidelity of the program in accordance with Stanford University/SMRC fidelity and administrative/implementation manuals.
2. Other requirements of the program include:
 - a. Formats:
 - i. Small group workshop offered either face-to-face or virtually
 - ii. 2 ½ hours per session
 - iii. 1 session per week for six weeks
 - b. Participants:
 - i. People with type 2 diabetes
 - ii. 8-14 (10 minimum participants strongly advised) participants per face-to-face workshop.
 - iii. 8-12 participants per virtual workshop
 - iv. 3-5 participants per Tool Kit with scripted phone calls workshop.
 - c. Workshops Leaders:
 - i. Two trained Leaders, one or both of whom are non-health professionals with diabetes themselves, for both in person and virtual workshops.
 - ii. One trained Leader for Tool Kit with small group phone call workshops.

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- iii. Must be trained by SMRC-certified Master Trainer.
- 3. Any deviation of this program as set forth by Stanford University/SMRC is a violation of the license and may result in revocation of the Stanford University/SMRC license.

C. PROVIDER QUALIFICATIONS:

- 1. An SMRC Leader must have successfully completed four-days in-person or seven weeks (2.5 hours sessions) virtually. Training can be conducted in-person for groups 8-16 or online via Zoom or other platforms for groups 8-12.
- 2. To remain active as an SMRC Leader, they must facilitate at least one six-week workshop every 12 months.
- 3. If SMRC Leaders are unable to facilitate a workshop within a given 12 months, they may attend a refresher training, though not to be used during the first 12 months after completing training, nor two years in a row.
- 4. If SMRC Leaders are unable to facilitate a workshop and the option of a refresher training is not available, or more than two years have passed without facilitating, they must attend a new four-day/24-hour training.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

- 1. Provider shall maintain all appropriate documentation as set forth by the program including participant data, sign-in sheets (showing time started, time ended, date, location, funding source, title of evidence-based program, and signature of individuals participating), evaluations, and workshop information.
- 2. The contractor must verify and maintain documentation of provider qualifications for service.
- 3. Unit of Service Group: One episode of direct service with a minimum of 8 participants and a maximum of 16 participants (minimum 8/maximum 16 in rural and low populated areas) on the first session. The same participants would continue through the six-week course. One episode equals six-week session. The entire six weeks needs to be completed prior to submitting request for payment.
- 4. eCIRTS reporting requirements are included in the chart below: ↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	DSMPG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	PMPDG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

[SMRC Implementation and Fidelity Manual 2022](#)

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PROGRAM: Evidence- Based EnhanceFitness

PROGRAM FUNDING SOURCE(S): OAAIID

A. DESCRIPTION: EnhanceFitness, developed by the University of Washington in collaboration with Senior Services, is a group exercise program that focuses on stretching, flexibility, balance, low impact aerobics, and strength training exercises.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: EnhanceFitness sessions are held for one hour, three times a week. There is a minimum of 10 and a maximum of 25 participants per session. Each session consists of a 5-minute warm-up, a 20-minute aerobic workout, a 5-minute cool-down, a 20-minute strength training workout with soft ankle and wrist weights (0 up to 20 pounds), a 10-minute stretch, as well as balance exercises throughout the class.

C. PROVIDER QUALIFICATIONS:

1. To lead an EnhanceFitness course, the instructor must attend the 12-hour EnhanceFitness New Instructor Training course. To qualify for the New Instructor Training Course certification as a fitness instructor is required, as well as a current CPR certification.
2. Provider must maintain program fidelity to the original program design by University of Washington.

D. RECORD KEEPING AND REPORTING REQUIREMENTS: The provider shall follow guidelines of Project Enhance for the EnhanceFitness Program. This includes gathering and collecting individual client files with the following information:

1. At enrollment:
 - a. Participant demographics.
 - b. Baseline Fitness Checks (a set of three functional fitness tests and a few survey questions about self-rating of health and fitness).
2. Four months after enrollment, Fitness Checks are repeated.
3. Every four months after that, or annually (at site's discretion), Fitness Checks are repeated.
4. Attendance is recorded for each participant at each class.
5. There are also anonymous satisfaction surveys, which are collected

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annually.

6. The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign-in sheets (which includes the time started, time ending, date, location, funding source, title of evidence-based program and signature of individuals participating), evaluations, workshop information, etc.).
7. The contractor must verify and maintain documentation of provider qualifications for service.
8. Unit of Service Group: One hour of direct service with or on behalf of clients regardless of the numbers of participants per session.
9. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	ENFIG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<https://projectenhance.org/enhancefitness/>

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PROGRAM: Evidence-Based EnhanceWellness

PROGRAM FUNDING SOURCE(S): OAAIID

A. DESCRIPTION: EnhanceWellness was developed by the University of Washington in collaboration with Senior Services. EnhanceWellness is an evidence-based program that shows participants how to lower the need for drugs that affect thinking or emotions, lessen symptoms of depression and other mood problems, and develop a sense of greater self-reliance.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Class timeframe: minimum of six months
2. EnhanceWellness (EW) is a one-on-one, health-behavior-change coaching program. A participant works with EW clinicians to identify and develop goals about changing specific health behaviors, such as increasing physical activity, improving disease self-management, losing weight or improving nutrition, quitting smoking or drinking, managing depression and increasing socialization.
3. Participants complete a comprehensive survey at enrollment. The clinician enters the survey along with participant demographic data into a web-based software application called WellWare. WellWare scores the questionnaire, identifying the participant's strengths and areas of possible improvement. The participant works with the clinician to develop a personalized Health Action Plan around whatever area(s) they choose to work on. WellWare provides a template for building the customized Health Action Plans. The participant then continues to meet with the clinician or is referred to other resources as necessary to achieve the steps in their plan. These resources depend on what is available at the site, but typically include support groups, exercise classes, educational classes, socialization opportunities, etc. After about six months in the program, the questionnaire is administered and scored again.

The change in scores from baseline to follow-up is evaluated and progress or lack of progress toward the participant's goal is noted. The participant has the option to continue to work on the same goal or create a new one, or to graduate from the program.

C. PROVIDER QUALIFICATIONS: This service can be delivered by a team comprised of a registered nurse or social workers, but it can be provided by a solo clinician as well. The provider must attend EnhanceWellness training.

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D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Provider must maintain program fidelity to the original program design by University of Washington.
2. The provider shall maintain all appropriate documentation as set forth by the program (i.e., summary notes for each contact, copy of the assessment, and the treatment plan).
3. Provider shall maintain all appropriate documentation as set forth by the program including participant data, sign-in sheets (showing time started, time ended, date, location, funding source, title of evidence-based program, and signature of individuals participating), evaluations, and workshop information.
4. The contractor must verify and maintain documentation of provider qualifications for service.
5. Unit of Service Individual: One hour of direct service with or on behalf of a client accumulated daily.
6. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	EWELI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<https://projectenhance.org/enhancewellness/>

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PROGRAM: Evidence-Based Fit and Strong!

PROGRAM FUNDING SOURCE(S): OAAIIID

A. DESCRIPTION: Fit and Strong! is an evidence-based physical activity program for older adults. This program targets older adults with osteoarthritis. This program was designed by the Midwest Roybal Center for Health Promotion & Behavior Change. Participants will learn to perform safe stretching, balance, aerobic and strengthening exercises which gradually increase frequency, duration, and intensity over time.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Other program requirements include:
 - a. Number of weeks: Eight weeks (three days a week)
 - b. Workshop participant size:
 - i. Minimum 10 participants
 - ii. Maximum 25 participants
2. Session length: 1.5 hours a session
3. There shall be access to adequate, private working space to conduct group exercise sessions. Contractors who utilize the Fit & Strong! service will follow and maintain fidelity of program by following all guidelines of the University of Illinois at Chicago, Institute for Health Research and Policy.

C. PROVIDER QUALIFICATIONS:

1. This instructor for this program must be either a certified exercise instructor or licensed physical therapist. The individual must have experience working with older adults and/or individuals with arthritis is beneficial however, Fit and Strong! certification can provide skills needed with no prior experience. Individuals must be trained and certified by the University of Illinois at Chicago, Institute for Health Research and Policy staff. To be trained individuals must participate in an 8-hour full day training.
2. Fit and Strong! providers need to:
 - a. Register to offer Fit & Strong! with a Fit & Strong staff member.

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- b. Recruit participants
- c. Enroll participants in workshop (minimum 10; maximum 25)
- d. Recruit a certified exercise instructor who is trained in Fit & Strong!
- e. Obtain Fit & Strong! exercise equipment
- f. Schedule workshop
- g. Collect data (attendance forms, participant data, evaluation forms, etc.)

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign-in sheets (which includes the time started, time ending, date, location, funding source, title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.).
2. The contractor must verify and maintain documentation of provider qualifications for service.
3. Provider must enter data into Fit and Strong! Online database.
4. Unit of Service Group: One episode of direct service with or on behalf of clients regardless of the numbers of participants. One episode equals eight-week session. The entire eight weeks needs to be completed prior to submitting for payment.
5. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	FITSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<https://www.fitandstrong.org/>

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PROGRAM: Evidence-Based Healthy Eating Every Day

PROGRAM FUNDING SOURCE(S): OAAIIID

A. DESCRIPTION: Healthy Eating Every Day was designed by The Copper Institute. This program helps individuals establish healthy eating habits. Participants will learn how to identify reason for their poor eating choices learn management skills and improve their eating habits. Healthy Eating Every Day follows the USDA Nutrition Guidelines.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Healthy Eating Every Day can be delivered in a classroom/workshop setting, or by one-on-one coaching or online formats. Each week participants will meet for one session, lasting one hour.
2. There is no minimum number of participants required to start the workshop; however, number of participants must not exceed 20.
3. A completer for this program is a participant who attends 70% of the workshop sessions.

C. PROVIDER QUALIFICATIONS:

1. To become a facilitator for the Healthy Eating Every Day program, an individual must become a partner of the organization, Active Living Partner. Individuals/organizations must do the following:
 - Become familiar with the contest: Facilitators review the Healthy Eating Every Day participant book to gain an understanding of how the strategies and concepts are presented to participants.
 -
 - Sign a license agreement. This allows you to offer Active Living Partners courses and to use our name, logo, and materials.
 - Complete the facilitator training in-person or web-based training workshop and pass an online exam. The program provider does not have to be a health care professional. Anyone interested in helping others improve their health can be trained to be a facilitator.
 - Complete an online competency exam. The exam for each course includes 75 true-false and multiple choice questions. Participants need to achieve an 80% passing grade to print a completion certificate.
 - Start offering courses – Human Kinetics Active Living partners will provide facilitators with everything needed to get started: lesson plans, marketing materials, guidance on working with groups, and a solid understanding of why the program works.

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2. Provider must maintain program fidelity to the original program design by The Cooper Institute.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (i.e., summary notes for each contact, copy of the assessment, and the treatment plan).
2. Unit of Service Individual: One episode equals the full 14-week course regardless of the number of completers. Direct service with a participant in the entire 14-week course.
3. Unit of Service Group: One episode equals the full 14-week course regardless of the number of completers. Direct service with no more than the maximum of 20 participants in the entire 14-week course.
4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	HEEDG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	HEEDI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<https://us.humankinetics.com/blogs/active-living>

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PROGRAM: Evidence-Based Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)

PROGRAM FUNDING SOURCE(S): OAAIIID

- A. DESCRIPTION:** Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations. It was developed by the Huffington Center on Aging at Baylor College of Medicine, Sheltering Arms and the Care for Elders Partnership in Houston.
- B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** The program is delivered as part of routine case management services over a period of three to six months. Typically, the program involves at least three face-to-face visits and at least three telephone contacts; although clients with more severe depression symptoms may require more contacts or attention beyond an initial intervention period. Agencies with only short-term relationships (less than 3-6 months) with their older adult clients are not able to implement the program.
- C. PROVIDER QUALIFICATIONS:**
1. Case Managers must be trained to use the Healthy IDEAS curriculum. Healthy IDEAS Case Managers use problem-solving skills in working with their clients. Healthy IDEAS model incorporates the expertise of licensed mental health providers in a manner more in keeping with the resources of a community agency. Case Managers should have prior experience in mental health and be familiar with some of the barriers exhibited by the clients. The instructor must complete a 14-20-hour Healthy IDEAS training curriculum, which is delivered by a trained mental health or behavioral health specialist in an interactive group format, using a training DVD and local client scenarios
 2. Provider must maintain program fidelity to the original program design by Huffington Center on Aging at Baylor College of Medicine.
- D. RECORD KEEPING AND REPORTING REQUIREMENTS:**
1. The provider shall maintain all appropriate documentation as set forth by the program.
 2. The contractor must verify and maintain documentation of provider qualifications for service.

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3. Unit of Service Individual: One hour of direct service with or on behalf of a client accumulated daily.
4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	HEIDI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<https://healthyideasprograms.org/>

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PROGRAM: Evidence-Based Healthy Moves for Aging Well

PROGRAM FUNDING SOURCE(S): OAAIIID

A. DESCRIPTION: Healthy Moves for Aging Well was developed and tested by the Partners in Care Foundation in collaboration with other Southern California organizations. This physical activity program enhances the activity level of frail, high-risk sedentary older adults and is supported by case managers as an additional service of their community-based case management program. The goal of Healthy Moves for Aging Well is to help older frail adults maximize their independence by building strength, increasing flexibility, and helping reduce their risk of falls.

DELIVERY STANDARDS/SPECIAL CONDITIONS: Healthy Moves for Aging Well is performed in the homes of seniors. Participant criteria includes assistance with 2-4 ADLs, motivation to participate and ability to stand unassisted or with caregiver assistance. Care managers from community-based care management agencies teach the program's exercises to older adults in their home. Guidelines concerning the number of repetitions per movement are distributed to all participating clients and they are encouraged by their care managers and motivational phone coaches to do the movements three to five days per week, multiple times. Care managers are required to spend 15 minutes with each client to identify their personal goals and incorporate the necessary movements into their daily activities. Motivational phone coaches contact their clients on a weekly or biweekly basis for a three-month period to reinforce new behavior change.

B. PROVIDER QUALIFICATIONS:

1. Care managers partner with motivational volunteer coaches from the community and/or local universities to assess the physical condition of their clients, engage them to participate, teach a variety of safe exercises, and encourage continuation by monitoring their progress.
2. Provider must maintain program fidelity to the original program design by Partners in Care Foundation.

C. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Care managers measure changes in the level of pain, depression, fear of falling, number of falls, and fall injuries. The clients verbalize how ready they are to increase their physical activity and choose a goal they would like to achieve by becoming more active.
2. After three months of participation with regular monitoring by phone via

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volunteer coaches, the clients are reassessed. The new data is compared to the baseline data to measure goal achievement and any improvement in the client's mental and physical well-being because of their involvement in the exercise program. Six months from baseline, clients are asked if they are still performing the exercises regularly and progress is documented.

3. The provider shall maintain a summary note for each contact, a copy of the assessment and the treatment plan, and other appropriate documentation as set forth by the program.
4. The contractor must verify and maintain documentation of provider qualifications for service.
5. Unit of Service Individual: One hour of direct service with or on behalf of a client accumulated daily.
6. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	HMAWI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<http://www.eblcprograms.org/evidence-based/recommended-programs/healthy-moves>

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PROGRAM: Evidence-Based HomeMeds

PROGRAM FUNDING SOURCE(S): OAAIIID

A. DESCRIPTION: HomeMeds, previously known as Medication Management Improvement System (MMIS) was adapted from the Vanderbilt University Medication Management Model by the Partners in Care Foundation in California. This intervention was designed to identify, assess and resolve medication problems that are common among frail older adults. The medication errors that are specifically targeted by HomeMeds this MMIS are: unnecessary therapeutic duplication, cardiovascular medication problems, falls, confusion, and inappropriate use of non-steroidal anti-inflammatory drugs.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Core components include screening, assessment, consultation, and follow-up for high-risk older adults – all conducted by the care manager in consultation with a consulting pharmacist. The intervention includes a computerized risk assessment screening algorithm and alert system to assist care managers in identifying potential medication problems. Because care managers already dedicate time to collect medication lists, adding the intervention to identify and correct medication problems is cost-effective, relatively simple to implement, and can have a powerful positive impact on clients' health and quality of life.

C. PROVIDER QUALIFICATIONS:

1. To become a site for this evidence-based program, your participation in the NCOA Diffusion of Innovation Readiness survey is required. Please visit the link below to access the survey. After completion, you will be contacted by Partners in Care Foundation with more information on software and required training to implement the program:
2. Provider must maintain program fidelity to the original program design by Vanderbilt University.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

3. This program requires accurate reporting of medications into an online database system which requires a site license for software. The software then creates any alerts which are then reviewed by a pharmacist who will then notify the client's physician. The provider will then follow up with the client annually unless the client addresses a concern to the case manager.
4. The provider shall maintain a summary note for each contact, copy of the assessment, and the treatment plan.

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5. The provider shall maintain all appropriate documentation as set for by the program.
6. The contractor must verify and maintain documentation of provider qualifications for service.
7. Unit of Service Individual: One hour of direct service with or on behalf of a client.
8. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	MMISI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<https://www.picf.org/homemeds/>

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PROGRAM: Evidence Based-Powerful Tools for Caregivers

PROGRAM FUNDING SOURCE(S): OAAIIID, OAAIIIE

A. DESCRIPTION: Powerful Tools for Caregivers (PTC) is an evidence-based education program offering a unique combination of elements. This is a self-care education program for family caregivers to improve: self-care behaviors, management of emotions, self-efficacy, and use of community resources. The program utilizes a train-the-trainer method of dissemination. Powerful Tools for Caregivers provides individuals strategies to handle unique caregiver challenges.

The six-week program consists of weekly, 90-minute sessions or 2.5 hours per week. The scripted curriculum provides tools that can be individualized to meet the challenges of caregiving in a supportive and interactive environment.

Target Audience: Family caregivers of adults with chronic conditions.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Caregivers develop a wealth of self-care tools to: reduce personal stress; change negative self-talk; communicate their needs to family members and healthcare or service providers; communicate more effectively in challenging situations; recognize the messages in their emotions, deal with difficult feels; and make tough caregiving decisions.

Program requirements include:

1. Class schedule: Six weeks/ one session per week.
2. Class length: 1.5 hour – 2.5 hours per session, depending upon the needs of the local family caregivers and trained Powerful Tools Caregiver Leader availability.
3. Number of participants: no fewer than 6 participants and no more than 15 participants. The recommended class size is 8-12 participants. Special considerations are made at the discretion of the national office, particularly for rural areas where class sizes may be small. However, the AAA must consult the contract manager prior to delivery of service to have these special considerations approved by the national Powerful Tools for Caregivers program.
4. Facility setting: The location should allow for caregivers to feel comfortable to discuss confidential information among the group. The setting should be closed off to avoid distractions in the class. Ideally a classroom or small conference room would work.

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5. Facilitators: 2 group facilitators trained in Powerful Tools for Caregivers

A. PROVIDER QUALIFICATIONS:

1. Group facilitation experience.
2. Personal caregiving experience is recommended but not required
3. Trained in Powerful Tools for Caregivers – two-day PTC class Leader Training.
4. Have a trained PTC co-leader with whom to work.

B. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Provider shall maintain all appropriate documentation as set forth by the program including participant data, sign-in sheets (showing time started, time ended, date, location, funding source, title of evidence-based program, and signature of individuals participating), evaluations, and workshop information.
2. Unit of Service Group: One episode equals a complete six-week course regardless of the number of participants.
3. The contractor must verify and maintain documentation of provider qualifications for service; and
4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	PTCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	PTCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<https://www.powerfultoolsforcaregivers.org/>

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PROGRAM: Evidence-Based Program to Encourage Active, Rewarding Lives for SENIORS (PEARLS)

PROGRAM FUNDING SOURCE(S): OAAIID

A. DESCRIPTION: The Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) was designed to reduce depressive symptoms and improve quality of life in older adults. The depression intervention takes place in the client's home over a six-month period, and includes problem-solving treatment, behavioral activation, and pleasant activities scheduling. Throughout the intervention, there is ongoing clinical supervision provided by a psychiatrist. PEARLS is designed to be deliverable by staff typically available in an Area Agency on Aging or in senior centers.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Program to Encourage Active Rewarding Lives for Seniors (PEARLS) is conducted over six to eight sessions during a six-month period at the client's home. Before regular counseling sessions can begin, a process of recruiting and screening prospective clients for depressive disorders must take place first. During the PEARLS treatment, the counselor must pay attention to different ways of conducting sessions depending on whether it is a first, middle or last session. Clinical supervision must be conducted on a weekly or biweekly basis.

The PEARLS program consists of the following 11 distinct components (each component is billed separately):

- Screening (PEARLS): This involves recruiting clients from referral sources and screening these clients to determine eligibility for the program.
- Enrollment (PEARLE): After determining eligibility enroll client in the program.
- Session 1 (PEARL1): The first session is meant to establish rapport and trust and incorporate problem-solving treatment, behavioral activation, and pleasurable activity scheduling.
- Session 2 (PEARL2): The second session is meant to incorporate problem-solving treatment, behavioral activation, and pleasurable activity scheduling.
- Session 3 (PEARL3): The third session is meant to incorporate problem-solving treatment, behavioral activation, and pleasurable activity scheduling.
- Session 4 (PEARL4): The fourth session is meant to incorporate problem-solving treatment, behavioral activation, and pleasurable activity scheduling.
- Sessions 5 (PEARL5): The fifth session is to continue to incorporate problem-solving treatment, behavioral activation, and pleasurable activity

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scheduling in addition to consolidating the skills the client has learned during the program and transitioning the client to a self-directed approach to depression management.

- Session 6 (PEARL6): The sixth session is to continue to incorporate problem-solving treatment, behavioral activation, and pleasurable activity scheduling in addition to consolidating the skills the client has learned during the program and transitioning the client to a self-directed approach to depression management.
- Session 7 (PEARL7): The seventh session is to continue to incorporate problem-solving treatment, behavioral activation, and pleasurable activity scheduling in addition to consolidating the skills the client has learned during the program and transitioning the client to a self-directed approach to depression management.
- Session 8 (or last session) (PEARL8): The eighth session is to continue to incorporate problem-solving treatment, behavioral activation, and pleasurable activity scheduling in addition to consolidating the skills the client has learned during the program and transitioning the client to a self-directed approach to depression management. This final session will include a summary of the client's achievements.
- Follow-up/Disenrollment (PEARLD): After completing all of the client sessions, there is a series of follow-up and wrap up of the program to include one phone call per month for three or four months before the client is discharged from the program.

C. PROVIDER QUALIFICATIONS:

1. The PEARLS program requires a collaborative effort among several key roles, starting with an organizational leader who will provide and support an infrastructure for implementation. The organizational leader will also supervise the work done by the PEARLS manager, the clinical supervisor, Data Coordinator, and PEARLS counselor. Below is a brief description of each role
 - a. **PEARLS Manager:** The person in charge of managing the PEARLS program may be a project manager, a planner, a case manager, a case management supervisor, or another appropriate staff member. The specific duties of the PEARLS manager may vary in different organizations or locations, but may include supervising PEARLS staff members, assigning eligible PEARLS clients to counselors who will deliver the program, and managing the activities and results of the data coordinator. In some cases, the PEARLS manager will also handle recruitment.
 - b. **Clinical Supervisor:** The person providing clinical supervision to the counselor(s). The supervisor meets regularly with the PEARLS counselor in person or on the phone to review client cases and provide guidance on

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the sessions.

- c. **Data Coordinator:** The data coordinator is responsible for managing the data that comes from the PEARLS sessions, as well as from the program evaluation instruments (Baseline and Follow-up Questionnaires). Duties also include tracking and reporting the number of clients who are eligible, enrolled, and completed.
 - d. **PEARLS Counselor:** The PEARLS counselor is the heart of PEARLS, as this individual works directly with clients to implement the program. This role includes recruitment and screening, conducting the sessions and follow-up activities, and providing data (for screening, baseline and follow-up) to the data coordinator.
2. Provider must maintain program fidelity to the original program design by The University of Washington PRC.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. As stated in the implementation requirements, the data coordinator is responsible for managing the data pertaining to the PEARLS sessions, and the program evaluations instruments. Templates and Samples of the forms needed to collect this data are provided in the PEARLS toolkit. Website to access this toolkit is provided under the program description above. It is the responsibility of the provider to implement the program as it was designed and to collect all the appropriate data requested.
2. The provider shall maintain all appropriate documentation as set forth by the program.
3. The contractor must verify and maintain documentation of provider qualifications for service.
4. **Unit of Service Individual:** One episode of direct service with or on behalf of a client. Each component (Screening, Enrollment, Sessions 1- 8, and Discharge) equals one episode and may be billed upon successful completion of the component.
5. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	PEARLS – SCREENING	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3D	PEARLE – ENROLLMENT	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3D	PEARL1 - SESSION 1	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3D	PEARL2 - SESSION 2	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3D	PEARL3 - SESSION 3	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3D	PEARL4 - SESSION 4	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3D	PEARL5 - SESSION 5	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3D	PEARL6 - SESSION 6	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3D	PEARL7 - SESSION 7	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3D	PEARL8 - SESSION 8	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3D	PEARLD – DISCHARGE/ FOLLOWUP	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

Website for updated fidelity and training information:

<https://depts.washington.edu/hprc/evidence-based-programs/pearls-program/>

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PROGRAM: Savvy Caregiver and Savvy Caregiver Express Program

PROGRAM FUNDING SOURCE(S): OAAIID, OAAIIE

A. DESCRIPTION: Based on research from the University of Minnesota including curriculum authors from Emory University, Savvy Caregiver is a psycho-educational program focused on providing training to caregivers of individuals living with Alzheimer's disease and/or related dementia disorders. The program focuses on helping caregivers think about their situation objectively and on providing them with the knowledge, skills, and attitudes they need to manage stress and carry out the caregiving role effectively.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. The Savvy Caregiver program is offered to caregivers of older adults, aged 60 and older.
2. Participants receive instruction each week from a certified trainer.
3. The 12-hour curriculum is taught over a (6) week period in 2-hour sessions online or in person.
4. The Savvy Caregiver Express program is a 3-session delivery of the original 6-session Savvy Caregiver Foundational program. As with the Savvy Foundational, Savvy Caregiver Express is designed to benefit someone providing care for an individual living with memory loss, dementia, or Alzheimer's disease but who may not have the time to complete the original 6-session program.

C. PROVIDER QUALIFICATIONS:

1. Trainers of the Savvy Caregiver curriculum are required to successfully complete an 8 to 12-hour online training course and receive Savvy leader certification. The online training program removes the need for agencies to have in-house personnel to provide training, (i.e., the role of a Master Trainer is not needed).
2. Savvy Caregiver Express group leaders must first be trained and certified in Savvy Foundational. In addition, group leaders must then complete a specialized Savvy Caregiver Express training program in order to deliver Savvy Express.
 - i. The Savvy Caregiver Express group leader training will specifically highlight the adapted sequence and delivery strategies for the 3-session Savvy Caregiver Express version.

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D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program (e.g., participant data, attendance rosters with sign-in time and time ending, date, and signature of participant, evaluations, funding source, etc.).
2. The contractor must verify and maintain documentation of provider qualification for service, i.e., copy of leader certification.
3. Unit of Service Group: An episode (online or in-person) equals the full 12-hour curriculum taught over a six (6) week period in 2-hour sessions, regardless of the number of completers, or over a three (3) week period for the Savvy Caregiver Express program. There must be a minimum of 6 and a maximum of 12 participants in the first session with the same participants continuing through the curriculum. The entire 6 or 3 weeks must be completed prior to submitting a request for payment.
4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	SAVVY (GROUP)	MONTHLYAGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	SAVVY (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<https://savvycaregiver.com/>

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PROGRAM: Evidence-Based Stay Active and Independent for Life (SAIL)

PROGRAM FUNDING SOURCE (S): OAAIID

A. DESCRIPTION: Stay Active and Independent for Life (SAIL) is a strength, balance, and fitness class for adults 65 and older. This SAIL Class Exercise Guide was developed because of the Washington State Department of Health's Senior Falls Prevention Study, which was funded by the Centers for Disease Control and Prevention. The goal of the SAIL Program is to increase strength, balance, and mobility while decreasing the likelihood of falls.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. SAIL classes are one hour long, three times each week. Each class includes warm-up aerobics, balance activities, strengthening and stretching exercises that can be done seated or standing, and educational components. Periodic Fitness Checks assess general mobility, arm strength, and leg strength. SAIL Guides supplement class activities by providing written education information to prevent falls by addressing fall risk factors.

There is a maximum of 20 participants allowed per class. The class site should provide sufficient space for instructor and participants to perform the exercises comfortably.

C. PROVIDER QUALIFICATIONS:

1. Providers must complete an 8-hour one-day SAIL Program Leader Training or complete a 10-week online class through Pierce College with Continuing Education Units awarded upon course completion.
2. Providers must have background in fitness or exercise science, such as personal fitness trainers or physical therapists. Providers must be CPR certified.
3. Provider must maintain program fidelity to the original program design.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program i.e., participant data, sign in sheets, evaluations, workshop information, etc.
2. Unit of Service Group: One hour of service with or on behalf of clients regardless of the numbers of participants per session.

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3. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	SAILG (Group)	Monthly Aggregate Reporting	No Requirement	9999

Website for updated fidelity and training information:

<https://doh.wa.gov/you-and-your-family/injury-and-violence-prevention/older-adult-falls/stay-active-and-independent-life-sail>

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PROGRAM: Evidence- Based Stepping On

PROGRAM FUNDING SOURCE(S): OAAIID

- A. DESCRIPTION:** Stepping On is a program with training and technical support provided by the Wisconsin Institute for Healthy Aging. It empowers older adults to carry out health behaviors that reduce the risks of falls, improve self- management, and increase quality of life. Participants of this program should be older adults who are 65 or over, at risk of falling, have a fear of falling, or who have fallen one or more times. Topics covered in this workshop include: Simple and fun balance and strength training, the role vision plays in keeping your balance, how medication can contribute to falls, ways to stay safe when out and about in your community, what to look for in safe footwear, and how to check your home for safety.
- B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** The Stepping On workshop meets for two hours a week for seven-weeks led by a professional leader and a peer leader. There is a minimum of 8 and a maximum of 12 participants per workshop allowed. A participant of this program must attend five out of seven sessions to be a completer. Two weeks after the last session the leader meets with the participants in their homes or by phone, and three months after the last workshop there is a class booster session.
- C. PROVIDER QUALIFICATIONS:** To lead a workshop, organizations must send potential workshop leader to a 3- day training and purchase a license.

Stepping On Leader Qualifications: Professional (RN, NP, LPN, PA, OT, PT, PTA, COTA, Social Worker, Fitness Expert, Health Educator) with professional training related to older adults, who has facilitated an evidence-based group program based on adult learning or self-efficacy principles, and worked with older adults in a professional setting. They must also have completed 3-day training, conducted by Wisconsin Institute for Healthy Aging, its licensees or Master Trainers.

Stepping On Peer Leader Qualifications: Older adult who has experience with falls or falls prevention, and/or participated in or facilitated a Stepping On workshop or another evidence-based group program based on adult learning of self-efficacy principles and has strong desire to lead by example and can participate in doing the strength and balance exercises that are part of the program.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Provide a yearly report to WIHA under the oversight of Master Trainer that contains:
 - (a) the number of Stepping On workshops given by Licensee;

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- (b) the dates of those workshops;
 - (c) the number of attendees at each workshop; and
 - (d) the names and addresses of the leaders of each workshop. In addition, if Licensee has offered leader training, Licensee will submit to WIHA:
 - (i) the number of leader trainings given by the Licensee;
 - (ii) the dates of each of those trainings;
 - (iii) the number of leaders trained at each training course;
 - (iv) the names addresses of the organizations receiving such training; and
 - (v) the names of the leaders who have undergone fidelity checks and the dates that all such fidelity checks are completed.
2. Provider shall maintain all appropriate documentation as set forth by the program including participant data, sign-in sheets (showing time started, time ended, date, location, funding source, title of evidence-based program, and signature of individuals participating), evaluations, and workshop information.
 3. The contractor must verify and maintain documentation of provider qualifications for service.
 4. Unit of Service Individual: One episode of direct service with or on behalf of a client accumulated daily for entire seven-week period.
 5. Unit of Service Group: One episode of direct service with or on behalf of clients regardless of the numbers of participants for entire seven-week period.
 6. The provider shall maintain a summary note for each contact, copy of the assessment, and the treatment plan.
 7. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	STONG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	STONI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information: <https://www.steppingon.com/>

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PROGRAM: Evidence-Based TCARE® – Tailored Caregiver and Referral

PROGRAM FUNDING SOURCE(S): OAA IIID and OAA IIIE

A. DESCRIPTION: The TCARE® (Tailored Caregiver Assessment & Referral) system uses predictive technology to precisely target and map interventions to reduce family caregivers' burden and stress levels. Care professionals use the web-based system to assess a family caregiver's social determinants of health, identify specific risk factors related to stress and depression, and create individualized, tailored care plans. The intent is to identify the right interventions, at the right time, to help every family caregiver to better navigate their caregiving journey. TCARE® leverages machine learning and artificial intelligence technology to 1) assess the family caregiver, 2) determine the family caregiver's risk/stress points, and 3) link the family caregiver to local community resources. The health outcomes include reductions in caregiver stress, caregiver identity discrepancy, caregiver intention for nursing home placement, caregiver depressive symptoms, and caregiver relationship burden.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. TCARE® services are offered to family caregivers of adults, age 60 or older and individuals, age 18 or older, who have a diagnosis of Alzheimer's disease or a related disorder or are suspected of having AD or a related disorder. A family caregiver is defined as an individual, age 18 or older who is a spouse, relative, or friend and is primarily responsible for the care of an adult age 60 or older, or an individual, age 18 or older who has a diagnosis of Alzheimer's disease or a related disorder or is suspected of having AD or a related disorder.
2. Services are delivered by a certified TCARE® care specialist.
3. The TCARE® screening can be completed online by the caregiver. The screening does not determine what type of services are needed for the caregiver; but illustrates a risk factor for the need to conduct an assessment.
4. The TCARE® assessment can be completed online, telephonically, or in-person by a certified TCARE® care specialist.
5. A reassessment is required every 3 months. The TCARE® system is designed to use the current assessment as a baseline. Thus, it determines if a full assessment or partial assessment is needed or if the caregiver and are recipient situation is stable and requires only an adjustment to the care plan.

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6. The TCARE® service model includes completion of a screening, completion of an assessment, development of a care plan, access to the TCARE® web-based system, and on-going staff assistance, e.g., referrals for services, scheduling or arranging services, and ongoing assessments every three months to measure progress.
7. In the TCARE® service model, caregivers are eligible to receive training and support services based on the following 3 tiers:
 - i. Tier I includes information, referrals to community resources, and access to caregiver training and support services, e.g., caregiver counseling, respite, registration fees for caregiver education events, personal emergency response system (PERS), including equipment, installation, and/or monthly service cost, and assistive devices and caregiving-related supplies or equipment, at a value not to exceed \$250.
 - ii. Tier I caregivers and care recipients must complete a screening and provide demographic information, including name, address, birth year, zip code, phone number, and email (if available) of caregiver and care recipient.
 - iii. Access to training and support services is available for one year, following the date of the screening. After a year, a new TCARE® screening is required for the caregiver to continue to access services.
 - iv. Tier II includes information, referrals to community resources, access to caregiver training, and support services at a value not to exceed \$600 annually.
 - v. Tier II caregivers must complete an initial assessment and a reassessment every 3 months based upon the care plan completion date and subsequent 3-month reassessment dates to continue receiving services.
 - vi. The TCARE® care specialist must make a minimum of 3 documented outreach attempts by phone or email to complete the 3-month reassessment. Following the third unsuccessful attempt to complete the 3-month reassessment, the TCARE® care specialist must mail a letter informing the caregiver that services will be terminated.
 - vii. The TCARE® care specialist must complete the care plan with the caregiver within 14 business days after completing a full assessment. Tier II services cannot be purchased until the care plan is complete.
 - viii. The TCARE® care specialist must conduct a check-in phone call to

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the caregiver within 30 days of completing the care plan. A 10 working days grace period is allowed for conducting the check-in phone call.

- ix. Note: The TCARE® care specialist must ensure all outreach attempts, communication summaries, and tasks performed on behalf of the caregiver are documented in the TCARE® system.
- x. Note: If the caregiver received Tier I services within the same 12-month period in which a TCARE® care specialist completes an assessment which indicates a necessary move to Tier II or Tier III, then the cost of Tier I services (up to \$250) must be included in the Tier II \$600 annual limit or Tier III \$1,300 annual limit.
- xi. Tier III includes information, referrals to community resources, access to caregiver training, support services) at a value not to exceed \$1,300 annually.
- xii. Tier III caregivers must have a high assessment score in one of the five areas (Relationship, Objective, Stress Burdens, Identity Discrepancy, or Depression), or a medium score in three of the five areas.
- xiii. Tier III caregivers must complete a reassessment every 3 months based upon the care plan completion date and subsequent 3-month reassessment dates to continue receiving services.
- xiv. The TCARE® care specialist must make a minimum of 3 documented outreach attempts by phone or email to complete the 3-month reassessment. Following the third unsuccessful attempt to complete the 3-month reassessment, the TCARE® care specialist must mail a letter informing the caregiver that services will be terminated.
- xv. The TCARE® care specialist must complete the care plan with the caregiver within 14 workdays after completing a full assessment. Tier II or Tier III services cannot be provided until the care plan is complete.
- xvi. The TCARE® care specialist must conduct a check-in phone call to the caregiver within 30 days of completing the care plan. A 10-working day grace period is allowed for conducting the check-in phone call.
- xvii. Note: The TCARE® care specialist must ensure all outreach attempts, communication summaries, and tasks performed on behalf of the caregiver are documented in the TCARE® system.
- xviii. Note: If the caregiver received Tier II services within the same 12-

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month period in which a 3-month reassessment indicates a necessary move to Tier III, then the cost of Tier II services (up to 600) must be included in the Tier III \$1,300 annual limit.

C. PROVIDER QUALIFICATIONS: This service must be delivered by TCARE® licensed and certified AAA or aging service provider staff under a business associate agreement with a AAA.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The Provider shall maintain all appropriate documentation as set forth by the program, e.g., enrollment information, monthly usage reports, invoices, documentation of support services costs, etc.).
2. Unit of Service: One episode of TCARE® with a caregiver is for reimbursement of cost for staff providing TCARE support, licenses to operate the TCARE service program, technology, and support services utilized by the caregiver within tier limits.
3. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OAIID	TCARE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OAIIE	TCARE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

[Contact US to Begin Empowering Caregivers | TCARE](#)

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PROGRAM: Evidence-Based Tai Chi/Tai Ji Quan Moving for Better Balance**PROGRAM FUNDING SOURCE(S): OAAIID**

A. DESCRIPTION: Developed out of the Oregon Research Institute, this simplified, 8- form version of Tai Chi/Tai Ji Quan, offered in community settings, has been proven to decrease the number of falls and risk of falling in older adults. Other benefits associated with this program include social and mental well-being, balance and daily physical functioning, self-confidence in performing daily activities, personal independence and quality of life and overall health.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS

1. Tai Chi/Tai Ji Quan: Moving for Better Balance workshops are offered to adults aged 60 or older.
2. Participants are led by a certified trainer.
3. There are several options for frequency and duration of the program.

	Hours Per Class	Classes Per Week	At Home Practice Per Week for 45 Minutes	Total Weeks
Option 1	1	3	0	12
Option 2	1	2	1	12
Option 3	1.5	2	0	12

The course length has many options:

- 12 weeks – minimum
 - 16 weeks
 - 24 weeks (six months) – preferred length showing best results for fewer incidences of falls especially if continued program after the 6 months.
4. A completer is an individual who completes 75 percent of the total number of sessions.
 5. Workshop participant size is a minimum of 8 and a maximum of 15 participants. It is expected that the sessions will take place in a spacious and sufficiently private area that can adequately accommodate all participants and the instructor.
 6. Materials required for the workshop include the instructor's manual. DVDs are optional.

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7. Instructor is responsible for maintaining fidelity to the program by teaching each session as it was designed by the Oregon Research Institute.

C. PROVIDER QUALIFICATIONS:

1. To become certified, instructors should have some knowledge about working with older adults and experience in Tai Chi/Tai Ji Quan or other fitness programs such as yoga, dance, qigong, etc. prior to completing a Tai Chi: Moving for Better Balance training that lasts two days.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The Provider shall maintain all appropriate documentation as set forth by the program including participant data, sign-in sheets (showing time started, time ended, date, location, funding source, title of evidence-based program, and signature of individuals participating), evaluations, and workshop information.
2. The contractor must verify and maintain documentation of provider qualifications for service.
3. Unit of Service Group: One episode of direct service with a minimum of 8 participants and a maximum of 15 participants for the first session. The same participants would continue through 12 weeks, 16 weeks, or 24 weeks, whichever is desired by the certified Tai Chi/Tai Ji Quan, Moving for Better Balance Instructor. One episode equals the selected number of weeks' session. The entire selected number of weeks the program needs to be completed prior to submitting payment.
4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	TCMBBG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<https://tjqmbb.org/>

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PROGRAM: Evidence-Based Tomando Control de su Salud

PROGRAM FUNDING SOURCE(S): OAAIID

A. DESCRIPTION: Tomando Control de su Salud was developed at Stanford University; the division has been renamed as the Self-Management Resource Center (SMRC). It is designed to teach a range of skills in managing chronic conditions for the Spanish speaking population. The program is not a translation of the Chronic Disease Self-Management Program but developed separately in Spanish. Subjects covered are similar, but they are presented in ways that are culturally appropriate. Subjects include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) healthy eating, 6) appropriate use of the health care system, and, 7) how to evaluate new treatments.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. This service must maintain fidelity of the program in accordance with Stanford University/SMRC fidelity and administrative/implementation manuals.
2. Other requirements include:
 - a. Must be Spanish-speaking adults with any chronic physical or mental condition or multiple chronic conditions.
 - b. Number of weeks: Six weeks (once a week)
 - c. Workshop participant size:
 - 8-14 (minimum of 10 recommended) participants for an in-person workshop.
 - 8-12 participants for a virtual workshop.
 - 3-5 participants for a Toolbok workshop with phone calls.
 - d. Session length: 2.5 hours a session
 - e. Workshops are facilitated from a highly-detailed manual by two trained SMRC Leaders, one SMRC Master Trainer, or one SMRC T-Trainer.
3. Any deviation of this program as set forth by Stanford University/SMRC is a violation of the license and may result in revocation of the Stanford/SMRC license.

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C. PROVIDER QUALIFICATIONS:

1. An SMRC Leader must have successfully completed four-day/24-hour training as required for the SMRC Leader designation.
2. To remain active as an SMRC Leader, they must facilitate at least one 6-week workshop every 12 months.
3. If SMRC Leaders are unable to facilitate a workshop within a given 12 months, they may attend a refresher training, though not to be used during the first 12 months after completing training, nor two years in a row.
4. If SMRC Leaders are unable to facilitate a workshop and the option of a refresher training is not available, or more than two years have passed without facilitating, they must attend a new four-day/24-hour training.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The provider shall maintain all appropriate documentation as set forth by the program including participant data, sign-in sheets (showing time started, time ended, date, location, funding source, title of evidence-based program, and signature of individuals participating), evaluations, and workshop information.
2. The contractor must verify and maintain documentation of provider qualifications for service.
3. Unit of Service Group: One episode of direct service with a minimum of 8 participants and a maximum of 16 participants (minimum 8/maximum 16 in rural and low populated areas) on the first session. The same participants would continue through the six-week course. One episode equals six-week course. The entire six weeks must be completed prior to submitting for payment.
4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	TCSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

Website for updated fidelity and training information:

<https://selfmanagementresource.com/programs/>

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PROGRAM: Evidence-Based Vivo Fitness Program

PROGRAM FUNDING SOURCE(S): OAAIID, OAAIIE

A. **DESCRIPTION:** Vivo is an NIH-funded virtual, live, and interactive small group fitness program designed specifically for older adults to increase strength and function. Classes are delivered as an interactive experience through small group, 2-way live training with a certified personal trainer and designed to meet participants at their functional level. Each exercise is individualized for every participant, while also creating social engagement and a sense of community to drive connectedness, accountability, and consistency. Every Vivo exercise has up to 4 variations which can be adapted to any fitness level from the very active to the to those with limited mobility. The program also adjusts to address any existing injuries or pain limitations the participants might have. Participants will engage in activities focused on building strength and endurance, improving balance, increasing mobility, and dual-tasked exercises to improve cognition. Functional assessments are also done at baseline and every 2-3 months to measure progress in strength, balance, and endurance. Vivo participants see an average increase of 22% in upper body strength, 27% increase in lower body strength, and 25% increase in endurance in just 2 months.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Other program requirements include:
 - a. Number of weeks: Minimum of 12 weeks (2 days per week); can be extended for longer periods on request (e.g., 24 weeks).
 - b. Per class participant size:
 - i. Minimum 4 participants
 - ii. Maximum 10 participants
2. Class length: 45 minutes
3. Open/Closed Status of Classes: New people can join each class as it progresses through the 12 weeks.
4. A completer is an individual who completes 70% of the total number of sessions.
5. Participants engage from the comfort of their own residence. Minimum requirements include internet connectivity and a device to connect to Zoom (computer, laptop, tablet). If desired, participants can also engage in a group exercise room at a space convenient to participants (e.g., senior center),

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where there is adequate space to conduct a small group exercise class and a large screen that can connect to a computer to broadcast a live Vivo class.

6. Vivo will provide the trainer(s) to lead the Vivo program classes. These individuals will be certified personal trainers who have experience working with older adults and have also completed Vivo's training program, the Vivo Academy.
7. 1-on-1 assessments are conducted over Zoom by a Vivo specialist for every participant at baseline and at program completion. Vivo utilizes the Short Physical Performance Battery (SPPB) for balance and the Rikli-Jones Senior Fitness Test for strength, endurance, and agility. Data is captured and reported back to each individual so that they can see their measured progress. Data will also be aggregated to provide a top line view of the impact of the program for the provider. In addition to functional outcomes, Vivo will also report on engagement (attendance and retention) and satisfaction.
8. Vivo provides a welcome kit for every participant containing the necessary equipment to use for the class. This includes resistance bands, a door anchor for the bands, and a soft tape measure to use during the assessment.

C. PROVIDER QUALIFICATIONS:

1. This evidence-based program is facilitated by Vivo certified personal trainers. The contractor must verify and maintain documentation of provider qualifications for the service.
2. No additional instructors for this program are necessary as Vivo will provide the necessary resources to lead Vivo classes and assessments.
3. Providers will need to assist with:
 - a. Identifying the schedule of Vivo classes (days, times)
 - b. Recruiting and enrolling participants in the program (minimum 4; maximum 10 per class)
 - c. Distribute Vivo exercise equipment, if necessary (Vivo can deliver this directly to each participant's home or the senior center for distribution)
 - d. Help create visibility to the Vivo program amongst potential participants (e.g., schedule an introductory webinar to educate about the Vivo program)

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D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Provider shall obtain and maintain all appropriate documentation as set forth by the program including participant data, attendance (showing time started, time ended, date, location, funding source, title of evidence-based program and confirmation of the individuals participating), name of the trainer, evaluations and type of workout attended.
2. Vivo will record and report to the provider aggregated improvements in upper body strength, lower body strength, endurance, agility, and balance. In addition, Vivo will report attendance and retention data for all participants and program satisfaction results via surveys.
3. Vivo will work with the provider to identify any other measures that are important to measure outcomes against. This could include but is not limited to quality of life, fear of falling, loneliness, caregiver burden, and more.
4. Unit of Service Group: One episode of direct service with or on behalf of clients regardless of the numbers of participants. One episode equals a twelve-week program for one cohort with a minimum of four (4) participants and a maximum of 10 participants.
5. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	VIVOG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	VIVOG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM: Evidence Based-Walk with Ease

PROGRAM FUNDING SOURCE (S): OAAIID

- A. DESCRIPTION:** Walk with Ease is a program developed by the Arthritis Foundation intended for individuals with arthritis and other ongoing health conditions to increase the level of physical activity. Research supporting this program has shown to reduce disability, pain, fatigue, and stiffness, as well as improve balance, strength and walking pace. The program also helps build confidence to be physically active and manage ongoing health conditions.
- B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** To participate in Walk with Ease, participants must be able to stand for 10 minutes without increased pain. Classes meet three times a week for six weeks (18 sessions). Each session must be at least 45 minutes during the beginning weeks but may increase to an hour or more as the group improves its fitness level. A certified leader will conduct a class with a group of 12 to 15 participants. Additional leaders may be used if needed. The essential components to the program are walking, health education information, stretching and strengthening exercises (during warm-up and cool-down periods) and motivational tips and tools (including participant workbook).

Program site must be safe and accessible, following the American with Disability Act standards. Site must have adequate general liability insurance.

C: PROVIDER QUALIFICATIONS:

1. Individuals interested in becoming Walk with Ease leaders must have current certification in cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED). Certification in first aid is strongly recommended.
2. Leaders must be certified by the Athletics and Fitness Association of America (AFAA), (a partner of the Arthritis Foundation), a certification that is renewable every two years.
3. Providers must maintain program fidelity to the original program design by the Arthritis Foundation / through the Athletics and Fitness Association of America.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Organizations must submit participant consent forms and program information form to the Arthritis Foundation within two weeks of finishing a workshop (six-week class).

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2. Provider shall maintain all appropriate documentation as set forth by the program (i.e., participant data, sign-in sheets (which includes the time started, time ending, date, location, funding source, title of evidence-based program, and signature of individuals participating), evaluations, workshop information, etc.)
3. The contractor must verify and maintain documentation of provider qualifications for service.
4. Unit of Service Individual: One episode of direct service with a client equals the six-week workshop.
5. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	WWEG (Group)	Monthly Aggregate Reporting	No Requirement	9999

Website for updated fidelity and training information:

<http://www.afaa.com/courses/arthritis-foundation-walk-with-ease>

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PROGRAM: Financial Risk Reduction (Assessment)

PROGRAM FUNDING SOURCE(S): ADI, CCE, OAAIII

A. DESCRIPTION: Financial risk reduction services provide assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities and expenditures. The service may include the establishment of checking accounts and direct deposits that reduce the risk of financial exploitation of the recipient.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: This service is provided to persons who are at risk of financial exploitation, or unable or unwilling to manage their own financial affairs.

C. PROVIDER QUALIFICATIONS: The provider shall have knowledge, skills and abilities commensurate with the service being provided.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service with or on behalf of a client accumulated daily.
2. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	RRFA ASSMT	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	RRFA ASSMT	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
OAA3E	RRFA ASSMT	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE	9999

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PROGRAM: Financial Risk Reduction (Maintenance)

PROGRAM FUNDING SOURCE(S): ADI, CCE, OAAIIIIE

- A. DESCRIPTION:** Financial risk reduction maintenance services provide ongoing assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities and expenditures.
- B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** This service is provided to persons who are at risk of financial exploitation or unable or are unwilling to manage their own financial affairs.
- C. PROVIDER QUALIFICATIONS:** The provider shall have knowledge, skills and abilities commensurate with the service being provided.
- D. RECORD KEEPING AND REPORTING REQUIREMENTS:**
1. Unit of Service: One hour of direct service with or on behalf of a client accumulated daily.
 2. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	RRFM MAINTAIN	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	RRFM MAINTAIN	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
OA3E	RRFM MAINTAIN	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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PROGRAM: Health Support

PROGRAM FUNDING SOURCE(S): ADI, CCE, LSP, OAAIIIB

A. DESCRIPTION: Health support activities assist persons to secure and utilize necessary medical treatment as well as preventive, emergency and health maintenance services. Examples of health support activities are:

1. Physical activities, including regular exercise programs, weight control emphasis, and activities to reduce mental fatigue, stress and boredom;
2. Special programs, such as hospice or Alzheimer's disease support groups, which focus on caring rather than curing, for the impaired and terminally ill and their families;
3. Prevention and assistance activities such as obtaining appointments for treatment; locating health and medical facilities; and obtaining therapy;
4. Obtaining clinic cards for clients; and
5. Arranging hospice service for non-Medicaid or Medicare clients when all other resources have been exhausted.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: For case-managed clients, this service is appropriate only for group activity or if the activity is beyond the scope of case management.

C. PROVIDER QUALIFICATIONS: A person qualified by training or experience shall be designated to provide the service.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service—Individual: One hour of direct service with or on behalf of a client, accumulated daily.
2. Unit of Service—Group: One hour of direct service with or on behalf of clients, regardless of the number of clients participating.
3. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	HSUG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
ADI	HSUI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	HSUG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
CCE	HSUI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	HSUG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
LSP	HSUI (INDV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3B	HSUG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3B	HSUI (INDV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999

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PROGRAM: Home Health Aide

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB

A. DESCRIPTION: Home health aide service is the provision of hands-on personal care services, the performance of simple procedures as an extension of therapy or nursing services, assistance in ambulation or exercises, and assistance with self-administered medication as defined by Chapter 400.488, Florida Statutes, and Chapter 59A-8.020, Florida Administrative Code. Services are performed by a trained home health aide or certified nursing assistant to a client in the home, as assigned by and under the supervision of a registered nurse or licensed therapist. Types of assistance provided with activities of daily living include: bathing, dressing, eating, personal hygiene, toileting, assistance with physical transfer, and other responsibilities as outlined in Chapter 59A-8, Florida Administrative Code.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Any client who is receiving a skilled service (nursing or therapy) shall have a plan of care established in consultation with the physician in accordance with Chapter 400.487, Florida Statutes, and the home health agency staff involved in providing care and services. Clients receiving non-skilled care from a home health agency shall have a service provision plan or written agreement in accordance with Chapter 59A-8.020, Florida Administrative Code.

The service plan shall include specific goals and services to be provided, implementation plans, and any special activities permitted or prohibited, such as special diets, medications and treatments.

For HCE, the client file shall document why the caregiver is unable to perform the service.

C. PROVIDER QUALIFICATIONS:

1. The service shall be provided in accordance with the regulation of home health agencies in Chapter 400, Part IV, Florida Statutes, and Chapter 59A-8, Florida Administrative Code.
2. These services are provided by persons employed by agencies licensed or exempt under Chapter 400.464, Florida Statutes, or by independent contractors acting within the definitions and standards of their occupation. Per Chapter 400.464(5)(b)(1), Florida Statutes, home health services provided by DOEA, either directly or through a contractor, are exempt from home health agency licensing.
3. Home health aides shall meet training, certification and background screening requirements of Chapters 400.497, 400.512, Florida Statutes,

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and Chapters 59A-8.004(10) and (11) and 59A-8.0095(5), Florida Administrative Code.

4. Certified nursing assistants shall have documented competency in the home health core curriculum and meet training, certification and background screening requirements of Chapters 400.512 and 464.203, Florida Statutes, and Chapters 59A-8.004(10) and (11) and 59A-8.0095(5), Florida Administrative Code.
5. Supervision of the home health aide and certified nursing assistant by a registered nurse in the home will be in accordance with Chapter 400.487(3), Florida Statutes. Supervision is at the election and approval of the client.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service with a client.
2. Travel time can be counted if the aide transports the client.
3. Providers shall maintain a written record of personal health care activities and report any unusual incidents or changes in the client's appearance or behavioral changes.
4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	HHA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	HHA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HHA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HHAV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	HHA	MONTHLY AGGREGATE REPORTING BY CLIENT	NOT REQUIRED	9999
OA3B	HHA	MONTHLY AGGREGATE REPORTING BY CLIENT	NOT REQUIRED	9999

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PROGRAM: Homemaker

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIB, OAAIIE

- A. DESCRIPTION:** Homemaker service is defined as the accomplishment of specific home management duties by a trained homemaker. Duties may include, but are not limited to, housekeeping; laundry; cleaning refrigerators; clothing repair; minor home repairs; assistance with budgeting and paying bills; client transportation; meal planning and preparation; shopping assistance; and routine house-hold activities.
- B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** Homemaker services can be provided under the HCE program only when the caregiver is physically unable to provide the service.
- C. PROVIDER QUALIFICATIONS:**
1. Homemaker service providers may be home health or hospice agencies licensed or exempt under Chapter 400.464, Florida Statutes. Providers may also be independent vendors or employees of agencies registered with the Agency for Health Care Administration. Homemaker services provided by DOE, either directly or through a contractor, are exempt from this licensing requirement. Independent vendors do not have to be licensed or registered, if they bill for and are reimbursed only for services they personally render. An agency using more than one employee to provide services shall register as a homemaker/sitter/companion provider in accordance with Chapter 400.509, Florida Statutes.
 2. Homemakers shall meet background screening requirements in accordance with Chapter 400.512, Florida Statutes, and Chapter 59A-8.004(10) and (11), Florida Administrative Code.
- D. RECORD KEEPING AND REPORTING REQUIREMENTS:**
1. Unit of Service: One worker hour. Travel time can be counted if the homemaker transports the client or performs essential errands for the client as approved by the job order.
 2. Units of services provided to a couple represent one (1) unit for each hour of service. The units cannot be doubled.
 3. Clients (and/or their caregivers/designees) and homemakers shall be provided with copies of the tasks authorized by the case manager, service coordinator or homemaker supervisor.
 4. Providers shall maintain a written record of activities and report any

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unusual incidents or changes in the client's appearance or behavioral changes.

5. For HCE, the client file shall document why the caregiver is unable to perform the service.

6. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	HMK	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	HMK	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HMK	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HMKV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	HMK	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	20000
OA3B	HMK	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3E	HMK	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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PROGRAM: Housing Improvement

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIB, OAAIIES

A. DESCRIPTION: Housing improvement is defined as providing home repairs, environmental modifications, adaptive alterations or installing security devices.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Examples of housing improvement and modifications include installation of smoke detectors, vented heaters, ramps for access, and repairs or improvements to the client's bedroom area, installation of ramps and grab bars, widening doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which accommodate medical equipment.
2. Housing improvement may only be provided when there is no one else capable of or responsible to accomplish the task. The service shall be used to lower the environmental risk level and as funds are available.
3. All applicable federal, state and local building codes are to be followed in repair work and required licenses and instructions obtained.
4. For OAA-only services, in compliance with 45 CFR 1321.3, "minor modification of homes that is necessary to facilitate the independence and health of older individuals and that is not readily available under another program."

C. PROVIDER QUALIFICATIONS:

1. A person qualified by training or experience shall be designated to provide the service. Satisfactory procedures shall be established to develop volunteer staff sources to augment paid staff. Providers are encouraged to use trained volunteers for this service.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One episode begins at time of arrival and concludes at time of departure from client contact. Housing improvement service does not include travel time to or from the client's residence except as appropriate for performing essential errands (such as picking up materials or dumping debris) as approved by the job order;
2. Materials for improvement, modification or repair such as smoke detectors, vented heaters, grab bars and wood are not included in the unit rate of this

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service. Such materials should be donated, sponsored or purchased under the service “Material Aid.”

3. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	HOIM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	HOIM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HOIMH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HOIV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	HOIM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	HOIM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3ES (SUPPLEMENTAL)	HOIM	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3ES (SUPPLEMENTAL)	DPHOIM (DIRECT PAY)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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PROGRAM: Information

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB, OAAIIIE

- A. DESCRIPTION:** Information is an “access” service and is defined as responding to an inquiry from a person, or on behalf of a person, one-to-one interaction, regarding public and private resources and available services.
- B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** This service is not limited to the elderly and may be provided in writing, by telephone, in person or via the Internet. Information must be accurate and pertinent to the request of the inquirer. At a minimum, the Elder Helpline must maintain business hours from 8:00 a.m. to 5:00 p.m., Monday through Friday, except for state and national holiday observances. If there is a planned office closure during normal business hours, the Elder Helpline manager must notify the Department of Elder Affairs Elder Helpline coordinator and the OAA/GR Program contract manager via email at least 24 hours before the office closure. After hours and weekend calls shall be covered by an answering device that informs the caller of emergency numbers.

If the Area Agency on Aging (AAA) plans to observe holidays that are not observed by the State of Florida, the AAA must notify the Department in writing and include the agency’s policy for handling calls during the office closures.

- C. PROVIDER QUALIFICATIONS:** Staff (paid and volunteer) shall meet the following requirements:
1. At a minimum, I&R specialists must have a high school diploma or GED and three years of experience in I&R services, case management, call center services, or related social services work experience.
 2. Have pre-service and in-service training that includes, but is not limited to, listening skills, communication, proper telephone usage, information giving and referral procedures;
 3. Have the skills to meet the needs of older adults, adults with disabilities, individuals who may call frequently with the same problem, or are otherwise difficult to serve.
 4. Have an understanding of the Alliance of Information and Referral Systems (AIRS) standards for professional information and referral services; and
 5. Have knowledge of the community resources.

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D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: An episode is providing information to one person regardless of the amount of information provided.
2. The provider shall keep records to assist the provider in identifying appropriate referrals and gaps in services.
3. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	INFO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000
CCE	INFO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000
HCE	INFO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000
LSP	INFO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000
OA3B	INFO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000
OA3E	INFO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000

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PROGRAM: Intake

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB, OAAIIIE

A. DESCRIPTION: Intake involves the administration of standard intake and screening instruments for gathering information about an applicant for services. It also encompasses the follow-up of clients waiting for services to review any changes in their situations and ensure prioritization for services.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Clients should be directed to other non-DOEA resources, as appropriate, to have their needs met.
2. All staff conducting assessments must complete the DOEA web-based training and receive a certificate of completion before being eligible to conduct an assessment. To receive a certificate of completion, a score of 90 percent or above on the multiple-choice test is required.
3. Intake service in ADI and HCE may only be assessed once the client is deemed eligible post screening and placed on the corresponding pre-enrollment list.

C. PROVIDER QUALIFICATIONS: This service shall be provided by the AAA, designated lead agency, or as otherwise approved by the AAA. Minimum education requirement for an intake worker is a high school diploma or GED. Job-related experience may be substituted for a high school diploma or GED upon approval of the AAA. For additional information, please see Chapter 2.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service with or on behalf of a client accumulated daily.
2. Records shall be kept to assist the provider in identifying appropriate referrals and gaps in services.
3. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	INSC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	INSC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	INSC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	INSV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	INSC	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OA3B	INSC	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OA3E	INSC	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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PROGRAM: Intake and I&R Liaison

PROGRAM FUNDING SOURCE(S): CCE, LSP, OAA IIIB

A. DESCRIPTION: Intake Liaison involves the facilitation of referrals between I&R and ADRC/Intake Units. This may include scheduling screenings, reminding clients of their upcoming appointments, assisting with mailing paperwork, and/or steps they need to complete for program eligibility. This service may assist I&R staff with retrieving voicemails and forwarding to I&R staff for a response. This service may assist I&R staff with identifying and reviewing resources for the resource database. Technology may also be used to provide basic information about services, programs, and local resources.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Clients should be contacted within three (3) business days to schedule a 701S Screening.
2. Providers are expected to assist by acting as a liaison between the I&R and Intake Units to assist scheduling screening appointments, sending reminders to clients of upcoming scheduled appointments, reminding clients of documentation requirements, facilitating submitted documentation to the appropriate person within the AAA.
3. Staff providing the Intake and I&R Liaison service will not be responsible for updating eCIRTS. The ADRC/Intake staff will continue to be responsible for entering client notes in eCIRTS. The I&R staff will continue to be responsible for entering client contacts and contact notes in eCIRTS. The I&R staff will continue to be responsible for approving and updating the resource database.
4. Staff shall not provide direct Intake and I&R services. However, technology may be used to provide basic information about services, programs, and local resources.

C. PROVIDER QUALIFICATIONS:

1. A high school diploma or GED is preferred for Intake and I&R Liaisons. At a minimum staff should have experience in or knowledge of customer service, clerical work, administrative tasks, or call center services.
2. This service may be provided by a range of technologies, such as virtual assistants. If these technologies are used, HIPAA compliance and client confidentiality are required.

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D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One episode of service assisting ADRC/Intake staff, I&R staff, and clients.
2. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	IIRL	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000
LSP	IIRL	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000
OA3B	IIRL	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000

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PROGRAM: Interpreter/Translating

PROGRAM FUNDING SOURCE(S): ADI, CCE, LSP, OAAIIB

- A. DESCRIPTION:** Interpreter/Translating is defined as explaining the meaning of oral and/or written communication to non-English speaking persons and persons with disabilities who require such assistance.
- B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** Interpreters shall possess high levels of knowledge and fluency in English and the non-English language, a level generally equivalent to that of an educated native speaker of the language.
- C. PROVIDER QUALIFICATIONS:** Sign language interpreters shall be certified by the National Registry of Interpreters for the Deaf under the Screening Program of Florida Registry of Interpreters for the Deaf, except in documented emergencies. Persons providing translation shall be proficient in the client's language.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service.
2. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	INTE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CCE	INTE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	INTE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	INTE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM: Legal Assistance

PROGRAM FUNDING SOURCE(S): ADI, CCE, LSP, OAAIIIIB, OAAIIIIEG, OAAIIIES

A. DESCRIPTION: The goal of the Florida Elder Law Program is to build a collaborative and supportive network of key stakeholders in both the aging and legal services networks to ensure accessible, high impact, high quality legal services, which are targeted particularly to older Floridians in greatest economic or social need.

B. Definitions:

1. Legal Assistance:

- a. Means legal advice and representation provided by an attorney to older individuals with economic or social needs.
- b. Includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and may include counseling or representation by a non-lawyer where permitted by law.
- c. Legal Assistance does not include group legal education.

C. DELIVERY STANDARDS/SPECIAL CONDITIONS:

- 1. Target Groups:** Recognizing that OAA III-B resources are inadequate to meet the legal needs of older persons, legal assistance must be particularly targeted to older persons in greatest economic and social need.
 - a. The OAA specifies target groups, with emphasis on low-income older persons, low-income minority older persons, older persons with limited English proficiency, and those residing in rural areas.
 - b. Consideration should be given at the local level to the necessity of prioritizing additional populations for legal assistance based on community need. Establishing additional target populations should be achieved by ongoing joint planning by the AAA and legal assistance providers and reflected in governing service provider agreement.
- 2. Priority Issue Areas:**
 - a. AAAs and legal providers shall assure that the following broad categories of legal assistance specified in the OAA are available in each planning and services area. These include: Income; Health

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Care; Long-term Care; Nutrition; Housing and Utilities; Defense of Guardianship; Abuse, Neglect and Exploitation; Age Discrimination; Protective Services.

- b. Consideration should be given at the local level to the necessity of prioritizing specific legal needs within each broad category, based on the needs of the target groups. Establishing priority issue areas should be achieved by ongoing joint planning by the AAA and legal assistance providers, as well as be reflected in governing service provider agreement.

D. PROVIDER QUALIFICATIONS: To achieve the goal of a coordinated and collaborative legal assistance program, the roles and responsibilities of the state unit on aging, AAAs and legal assistance providers:

1. Department of Elder Affairs:

- a. Assign personnel (legal services developer) to provide state leadership in developing legal assistance programs for individuals throughout the state.
- b. Providing leadership and fostering communication and collaboration throughout the state among AAAs and legal assistance providers.
- c. Develop statewide reporting requirements and formats to collect essential and meaningful data on legal services funded by Title IIIB, OAA

2. AAAs are to:

- a. Select as their legal assistance provider, the entity that is best able to provide the targeted legal services. If AAA contracts with same legal provider as another AAA, agencies should coordinate with each other to ensure uniform contract standards and reporting and engage in joint planning so that the legal provider is not burdened with conflicting requirements across multiple contracts.
- b. If AAA does not contract directly for legal services, but subcontracts through local entities, AAA is responsible for a coordinated area wide approach to legal services that meets these standards.
- c. Assure that legal programs are adequately funded in accordance with federal and state requirements and that legal assistance services are available in every county in the Planning and Service Area.
- d. Engage in joint-planning and cross-training efforts with the legal assistance providers.

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- e. Ensure legal assistance providers are an integral part of the AAAs advocacy efforts.
- f. Develop and maximize the use of other resources to expand the provision of legal assistance, with emphasis on partnering with the statewide Senior Legal Helpline.
- g. Collect aggregate, non-identifying data from legal providers in accordance with Department requirements.

3. Providers:

- a. Providers must be licensed in accordance with Chapter 454.021, Florida Statutes.
- b. If not a Legal Services Corporation (LSC) project grantee, coordinate services with existing LSC in the region.
- c. Engage in joint-planning and cross-training efforts with the aging network.
- d. Ensure high quality, cost-effective and high-impact services are delivered.
- e. Provide the full scope of services and limited representation as appropriate in applicable Florida and Federal courts and administrative forums.
- f. Report aggregate, non-identifying, client and case data in accordance with Department requirements.
- g. Demonstrate capacity and expertise in major priority categories or areas of law that affect the target populations.
- h. Develop and maximize the use of other resources to expand the provision of legal assistance, with emphasis on partnering with the statewide Senior Legal Helpline.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

- 1. Unit of Service: One hour of direct service with or on behalf of a client accumulated daily.
- 2. Legal assistance providers will use the Older Floridians Legal Assistance Program Information System (OFLAP-IS) guidelines to

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collect and report client and case data, using definitions and specific instructions provided to the AAA and the Department. The OFLAP client report, closed case report, and narrative report should be submitted to the Department annually.

3. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	LEG	MONTHLY AGGREGATE REPORTING	NO CLIENT RECORD	9999
CCE	LEG	MONTHLY AGGREGATE REPORTING	NO CLIENT RECORD	9999
LSP	LEG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	LEG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG (GRANDPARENT)	LEG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3ES (SUPPLEMENTAL)	LEG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM: Material Aide

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIB, OAAIIIES

A. DESCRIPTION: Material aide is defined as:

1. Goods or food such as direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc.;
2. Food item(s) necessary for the health, safety, or welfare. This may include condiments or paper products necessary for food consumption and delivery charges. Alcohol, drugs, and tobacco products are excluded;
3. Repair, purchase, delivery, and installation of any household appliance to assist with household tasks necessary for the health, safety, or welfare of the person;
4. The purchase of materials necessary to perform chore or enhanced chore services (refer to chore and enhanced chore services); and
5. The purchase of construction materials necessary to perform housing improvements, alterations, and repairs (refer to housing improvement service).

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Material aide may be provided only when there is no available alternative (e.g. other program fund source or community resource) to accomplish the service or supply the goods.
2. For General Revenue-only services: Prior written approval shall be obtained from the AAA for purchases of \$1,000.00 or more, unless the AAA has established a lower review threshold.
3. For OAA-only services: In compliance with 45 CFR 1321.3, "minor modification of homes that is necessary to facilitate the independence and health of older individuals and that is not readily available under another program.
4. Repair, purchase, delivery, and installation of household appliances shall not be provided as direct payment (reimbursement) to a caregiver. The purchase of food items shall not be provided as a direct payment (reimbursement) to a caregiver. The distribution of commodities shall be done in cooperation with the Department of Agriculture contracted recipient agencies of The Emergency Food Assistance Program (TEFAP)

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commodities.

C. PROVIDER QUALIFICATIONS: Repair, purchase, delivery, or installation of any household appliance must be performed by a licensed professional, or a provider with qualifications commensurate with the products or services being provided. Quotes must be sought to ensure cost efficiency as well as quality.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: An episode is one contact where goods, food or assistance is given to a client.
2. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	MATE	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	MATE	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	MATE	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	MATV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	MATE	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	9999
OA3B	MATE	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3ES (SUPPLEMENTAL)	MATE	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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PROGRAM: Medication Management

PROGRAM FUNDING SOURCE(S): ADI, CCE, LSP, OAAIIID, OAAIIIES

A. DESCRIPTION: Medication management is one on one screening and education and is defined as counseling regarding the medication regime that a client is using, including prescription and over-the-counter medications, vitamins, and home remedies. These services also help to identify any dietary factors that may interact with the medication regime. The combination of alcohol or tobacco with various medications and diets, along with the effects on specific conditions, would ideally be included in this service. For OAAIIID, the service must be an evidence-based program that may be a group service.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: The service provider shall receive written consent from the elder before medication management counseling services are to be provided. All problems found during the counseling session should be noted in the client's file and discussed with the client during the time that services are provided. The service provider should make every effort to follow up with the elderly client later and/or with permission of the client, follow up with his/her primary care physician.

For OAAIIID, this service must meet ACL's Definition of Evidence-Based. Approval from DOEA contract manager is required prior to using this service description under OAA IIID.

C. PROVIDER QUALIFICATIONS: Pharmacists or individuals trained in medication management shall be used to deliver the service.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service—Individual:

- a.** For ADI, CCE, and LSP: An episode is one client who receives individual counseling.
- b.** For OAAIIID: Individuals are measured in hourly units. An individual is one client directly served who receives individual counseling. (Hourly units are described in Section I: General Information, Common Issues for Programs/Services.)

2. Unit of Service—Group:

- a.** For ADI, CCE, and LSP: An episode is one lecture, workshop, or seminar, regardless of the number of clients who attend and receive counseling.

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- b. For OAAIID: Groups are measured in hourly units. A group is one lecture, workshop, or seminar, regardless of the number of clients who attend and receive counseling. (Hourly units are described in Section I: General Information, Common Issues for Programs/Services.)
 - c. A record of the number of clients served shall be maintained. This may include sign-in sheets, registration logs, or other methods of documentation. Where appropriate, client files shall contain written consent and follow-up documentation.
- 3. OAAIID program, note the following:
 - The provider must have a sign-in sheet for the evidence-based program, which includes the time started, time ending, date, location, funding source, title of evidence-based program, and signature of individuals participating.
 - The contractor must submit ACL's criteria documents proving that the service provided is an evidence-based program.
 - The provider must verify and maintain documentation of provider qualifications for service.
- 4. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE*	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	MMG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
ADI	MMI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	MMG (GROUP)	MONTHLY AGGREGATE REPORTING	N/A	100
CCE	MMI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	MMG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	MMI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	MEMAG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	MEMAI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OAA3ES	MEMAG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OAA3ES	MEMAI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

**The MM and MEMA are two codes for Medication Management. The code MM has a unit measure of EPISODES and MEMA codes are measured in HOURS.*

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PROGRAM: Nutrition Services-Congregate Meals

PROGRAM FUNDING SOURCES: CCE, HCE, LSP, OAAIIC1

A. PROGRAM DESCRIPTION:

1. Congregate meals provide eligible persons with nutritionally sound meals, particularly those in greatest economic and social need, low- income minorities, and those at nutritional risk.
2. These meals are provided and served in strategically located centers such as schools, churches, community centers, senior centers, and other public or private facilities where persons may obtain other social and rehabilitative services. Center site selection should attempt to offer services to varying age groups to promote interaction between the ages.
3. In addition to promoting better health among elders through improved nutrition, the program's focus is to reduce the isolation of aging and offer elders the opportunity to live their lives with dignity.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Persons receiving congregate meals shall meet eligibility requirements established by the Older Americans Act, as amended.
2. Eligible persons include:
 - a. Individuals age 60 or older;
 - b. Any spouse who attends the dining center with his/her spouse who is age 60 or older;
 - c. Persons with a disability, regardless of age, who reside in a housing facility occupied primarily by older individuals where congregate nutrition services are provided;
 - d. Disabled persons who reside at home with and accompany an eligible person to the dining center; and
 - e. Volunteers, regardless of age, who provide essential services on a regular basis during meal hours.
3. Each Congregate Meal, Grab and Go Congregate Meal, and Emergency Shelf-Stable Meals provided must follow the procedures defined in Chapter 5.

C. PROVIDER QUALIFICATIONS:

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1. Congregate meals shall be provided by organizations that have demonstrated the following:
 - Ability to provide meals efficiently and reasonably; and
 - Provide assurances that the organization will maintain efforts to solicit voluntary support and not supplant non-federal funds.
2. Providers shall be awarded congregate meal contracts through a competitive solicitation process that includes evaluation of experience in providing services to older persons.
3. Persons qualified by training and experience shall be designated to provide the services in accordance with federal, state, and local food handling and food safety requirements.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One meal.
2. Documentation: The provider shall maintain the following documents:
 - a. Locally required fire marshal safety inspection (if applicable);
 - b. Food permit if applicable, the current food permit and or inspection report issued by the Department of Health, the Department of Business and Professional Regulation or the Department of Agriculture and Consumer Services;
 - c. Meal site review forms. Meal site reviews must be conducted quarterly at each physical meal site location, using the 2016 NPCR form. Reviews must be conducted as detailed in Chapter 5.
 - d. Records on each participant that verifies eligibility;
 - e. Approved menus with appropriate documentation;
 - f. Daily food temperature logs;
 - g. Documentation, with justification, of all menu substitutions and comprehensive menu substitution policies and procedures;
 - h. Documentation of nutrition education provided;
 - i. Documentation of employee and volunteer training;

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- j. Sign-in logs or meal delivery sheets for congregate meal guest; and
 - k. Record of volunteer's attendance, work hours, and applicable background screening information for congregate meal site volunteers.
3. Meals served to participants shall be included in the Nutrition Services Incentive Program (NSIP) meal count according to NSIP requirements.
 4. In accordance with Chapter 5, the provider is expected to keep CNMLS/EHDM on-hand in the event of an emergency. If the meal is distributed to an active client (including their spouse and other eligible meal recipients), these meals must be reported to the client. In the event of an emergency or in line with the Nutrition Provider's distribution plan, if meals are provided to non-active clients, the client must be determined eligible based solely on age or other program criteria (i.e. spouse of person age 60 and older receiving a meal, etc.). These meals may be reported in the aggregate.
 5. eCIRTS reporting requirements are included in the chart below and on the next page: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
LSP	CNML	MONTHLY REPORTING BY CLIENT	MONTHLY REPORTING BY CLIENT	50000
LSP	CNMLG	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	3
LSP	CNMLV	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	360
LSP	CNMLS	MONTHLY REPORTING BY CLIENT (For active clients)	MONTHLY REPORTING BY CLIENT (For active clients)	50000
LSP	CNMLM	MONTHLY REPORTING BY CLIENT	MONTHLY REPORTING BY CLIENT	50000
LSP	EHDM	MONTHLY REPORTING BY CLIENT (For active clients)	MONTHLY REPORTING BY CLIENT (For active clients)	50000
LSP	CNMLGO	MONTHLY REPORTING BY CLIENT	MONTHLY REPORTING BY CLIENT	50000
CCE	CNML	MONTHLY REPORTING BY CLIENT	MONTHLY REPORTING BY CLIENT	50000
CCE	CNMLG	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	3
CCE	CNMLV	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	360
CCE	CNMLS	MONTHLY REPORTING BY CLIENT (For active clients)	MONTHLY REPORTING BY CLIENT (For active clients)	50000
CCE	CNMLV	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	360
CCE	EHDM	MONTHLY REPORTING BY CLIENT (For active clients)	MONTHLY REPORTING BY CLIENT (For active clients)	50000
CCE	CNMLGO	MONTHLY REPORTING BY CLIENT	MONTHLY REPORTING BY CLIENT	50000

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HCE	CNML	MONTHLY REPORTING BY CLIENT	MONTHLY REPORTING BY CLIENT	50000
HCE	CNMLG	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	3
HCE	CNMLV	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	360
HCE	CNMLS	MONTHLY REPORTING BY CLIENT (For active clients)	MONTHLY REPORTING BY CLIENT (For active clients)	50000
HCE	CNMLV	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	360
HCE	EHDM	MONTHLY REPORTING BY CLIENT (For active clients)	MONTHLY REPORTING BY CLIENT (For active clients)	50000
HCE	CNMLGO	MONTHLY REPORTING BY CLIENT	MONTHLY REPORTING BY CLIENT	50000
NDP*	CNML	MONTHLY REPORTING BY CLIENT	MONTHLY REPORTING BY CLIENT	50000
NDP*	CNMLGO	MONTHLY REPORTING BY CLIENT	MONTHLY REPORTING BY CLIENT	50000
O3C1	CNML	MONTHLY REPORTING BY CLIENT	MONTHLY REPORTING BY CLIENT	50000
O3C1	CNMLP (PRIVATE PAY)	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	50000
O3C1	CNMLB	MONTHLY REPORTING BY CLIENT	MONTHLY REPORTING BY CLIENT	50000
O3C1	CNMLS	MONTHLY REPORTING BY CLIENT (For active clients)	MONTHLY REPORTING BY CLIENT (For active clients)	50000
O3C1	CNMLS	MONTHLY AGGREGATE REPORTING (For non-active clients)	MONTHLY AGGREGATE REPORTING (For non-active clients)	50000
O3C1	CNMLG	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	3
O3C1	CNMLM	MONTHLY REPORTING BY CLIENT	MONTHLY REPORTING BY CLIENT	5000
O3C1	CNMLV	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	360
O3C1	EHDM	MONTHLY REPORTING BY CLIENT (For active clients)	MONTHLY REPORTING BY CLIENT (For active clients)	50000
O3C1	EHDM	MONTHLY AGGREGATE REPORTING (For non-active clients)	MONTHLY AGGREGATE REPORTING (For non-active clients)	50000
O3C11	CNMLGO	MONTHLY REPORTING BY CLIENT	MONTHLY REPORTING BY CLIENT	50000

* Used to reconcile NSIP reimbursement when funding is provided by a non- DOE A means. An example would be the United Way

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PROGRAM: Nutrition-Congregate Meals Screening

PROGRAM FUNDING SOURCES: CCE, HCE, LSP, OAAIIC1

- A. PROGRAM DESCRIPTION:** Screening is the completion of a DOEA 701C Congregate Meals Assessment for congregate meals, or nutrition counseling for applicants or recipients. This is for both new clients and for clients receiving an annual reassessment.
- B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** Anyone who is an applicant or eligible for congregate meals or nutrition counseling is eligible for this service.
- C. PROVIDER QUALIFICATIONS:** Meal site manager or designee who has received training on the DOEA 701C Congregate Meals Assessment.
- D. RECORD KEEPING AND REPORTING REQUIREMENTS:**
1. Unit of Service: One hour of direct service with or on behalf of a client accumulated daily.
 2. Records shall be kept which will assist the provider in identifying appropriate referrals and gaps in services.
 3. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	NTSC	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
HCE	NTSC	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
LSP	NTSC	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
O3C1	NTSC	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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PROGRAM: Nutrition Services-Home Delivered Meals

PROGRAM FUNDING SOURCES: ADI, CCE, HCE, LSP, OAAC2, OAAIIIE, OAAIIIEG

A. PROGRAM DESCRIPTION: Home-delivered meals provide eligible persons with nutritionally sound meals in their homes. Emphasis is placed on serving elders who are at greatest economic and social need, low-income minorities, and those who are at nutritional risk.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Eligible persons include:

- a. Individuals age 60 or older who are incapacitated or unable to attend a congregate nutrition site due to illness, disability, isolation, or caring for a loved one who is ill at home;
- b. Individuals age 60 or older who are unable to attend a congregate nutrition site due to teeth and/or mouth issues which makes it difficult to eat in public;
- c. Individuals age 60 or older who are at nutritional risk who have physical, emotional, or behavioral conditions, which would make their presence at the congregate site inappropriate;
- d. Individuals age 60 or older who are at nutritional risk who are socially or otherwise isolated, including those who are self-isolating at home due to health or other reasons, and unable to attend a congregate nutrition site;
- e. Individuals age 60 or older who are unable to prepare meals due to a lack of or inadequacy of facilities; an inability to shop, cook, or prepare meals safely; a lack of funds to purchase nutritious food; or a lack of appropriate knowledge or skill;
- f. A home delivered meals recipient's spouse, regardless of age, if the provision of the collateral meal supports maintaining the person at home;
- g. Individuals with disabilities, regardless of age, who reside at home with home delivered meals recipients and are dependent on them for care; or
- h. For OAA IIIE, OAAIIIEG, ADI, CCE, HCE, and LSP: Caregivers and individuals who reside in the home and are dependent on the caregiver

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for care.

2. Each meal provided must meet menu development and safe and sanitary handling criteria as defined in Chapter 5.
3. Frozen Meals, Cold Meals, Grab and Go Home Delivered Meals, and Emergency Home Delivered Meals must meet criteria as defined in Chapter 5.

C. PROVIDER QUALIFICATIONS: Home-delivered meals shall be delivered by organizations that have demonstrated the following:

1. Ability to efficiently deliver meals to the participants' homes;
2. Provide assurances that the organization shall maintain efforts to solicit voluntary support and not supplant non-federal funds;
3. Providers shall be awarded home delivered meal agreements through a competitive solicitation process that includes evaluation of experience in providing services to older clients, and
4. Persons qualified by training and experience shall be designated to provide the services in accordance with federal, state, and local food handling and food safety requirements.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One meal
2. Temperature Checks must meet criteria as defined in Chapter 5.
3. Meals served to participants shall be included in the Nutrition Services Incentive Program (NSIP) meal count according to NSIP requirements.
4. Documentation for meals served to guests includes meal delivery sheets signed by either the recipient or driver.
5. If the AAA has a blended rate for home-delivered meals that reflects the cost of a hot meal and the cost of a frozen meal, the following codes are available to distinguish between the two: HDMH (hot) and HDMF (frozen). These codes were set up to avoid the use of "blended" rates when the same provider is authorized to provide meals that have different rates.
6. To assist the Department in tracking expenditures for CCE-funded emergency shelf stable meals, it is necessary for AAAs to use the eCIRTS

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code, CCE: EHDM - Emergency Home-Delivered Shelf Meals.

7. For ADI and CCE clients who are not assessed a co-payment, the following codes should be used:

EHDMN: Emergency Home Delivered Shelf Meals – Non-Co-Payment

HDMN: Home Delivered Meals – Non-Co-Payment

HDMFN: Home Delivered Meals – Frozen – Non-Co-Payment

HDMHN: Home Delivered Meals – Hot – Non-Co-Payment

ADI and CCE client meals can be included in the NSIP meal count, so long as they are not assessed a co-payment and one of the above service codes are reported in eCIRTS.

NOTE: For HCE program clients, the file must document why the caregiver cannot perform preparation of meals.

8. In accordance with Chapter 5, the provider is expected to keep EHDM on-hand in the event of an emergency. If the meal is distributed to an active client (including their spouse and other eligible meal recipients), these meals must be reported to the client. In the event of an emergency or in line with the Nutrition Provider's distribution plan, if meals are provided to non-active clients, the client must be determined eligible based solely on age or other program criteria (i.e. spouse of person age 60 and older receiving a meal, etc.). These meals may be reported in the aggregate.
9. eCIRTS reporting requirements are included in the chart below and on the next pages: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	HDM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000
ADI	HDMF	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000
ADI	HDMH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000
ADI	EHDM	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	N/A	50000
ADI	HDMN	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000
ADI	HDMFN	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000
ADI	HDMHN	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000

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ADI	EHD MN	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	N/A	50000
ADI	HDMGO	MONTHLY REPORTING BY CLIENT	N/A	50000
CCE	HDM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000
CCE	HDMF	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000
CCE	HDMH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000
CCE	EHDM	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	N/A	50000
CCE	EHD MN	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	N/A	50000
CCE	HDMGO	MONTHLY REPORTING BY CLIENT	N/A	50000
HCE	HDM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HDMV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000
HCE	EHDM	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	N/A	50000
HCE	EHD MV	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	N/A	50000
HCE	HDMGO	MONTHLY REPORTING BY CLIENT	N/A	50000
LSP	HDM	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100000
LSP	HDMF	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100000
LSP	HDMH	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100000
LSP	HDMG	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	3
LSP	EHDM	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	100000
LSP	HDMGO	MONTHLY REPORTING BY CLIENT	MONTHLY REPORTING BY CLIENT	50000
NDP*	HDM	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100000
NDP*	HDMGO	MONTHLY REPORTING BY CLIENT	N/A	50000

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O3C1	EHDM	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	100000
O3C1	EHDM	MONTHLY AGGREGATE REPORTING BY CLIENT (For non-active clients)	MONTHLY AGGREGATE REPORTING BY CLIENT (For non-active clients)	100000
O3C2	HDMGO	MONTHLY REPORTING BY CLIENT	MONTHLY REPORTING BY CLIENT	50000
O3C2	HDM	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	10000
O3C2	HDMP (PRIVATE PAY)	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	10000
O3C2	HDMF	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100000
O3C2	HDMH	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100000
O3C2	HDMG	MONTHLY AGGREGATE REPORTING	MONTHLY AGGREGATE REPORTING	3
O3C2	EHDM	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	100000
O3C2	EHDM	MONTHLY AGGREGATE REPORTING (For non-active clients)	MONTHLY AGGREGATE REPORTING (For non-active clients)	100000
OA3E	HDM	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100000
OA3E	EHDM	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	100000
OA3E	EHDM	MONTHLY AGGREGATE REPORTING (For non-active clients)	MONTHLY AGGREGATE REPORTING (For non-active clients)	100000
OA3EG	HDM	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	20000
OA3EG	EHDM	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	MONTHLY AGGREGATE REPORTING BY CLIENT (For active clients)	20000
OA3EG	EHDM	MONTHLY AGGREGATE REPORTING (For non-active clients)	MONTHLY AGGREGATE REPORTING (For non-active clients)	20000

Used to reconcile NSIP reimbursement when funding is provided by non-DOEA means. An example is the United Way.

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PROGRAM: Nutrition Services-Nutrition Counseling

PROGRAM FUNDING SOURCES: ADI, CCE, LSP, OAAIIC1, OAAIIC2, OAAIID

A. PROGRAM DESCRIPTION: Nutrition counseling provides one-on-one individualized advice and guidance to people who are at nutritional risk because of their poor health, nutritional history, current dietary intake, medication, use or chronic illness. Nutrition counseling includes options and methods for improving a client's nutritional status.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Standards must meet criteria as defined in Chapter 5.

For OAAIID: This service must meet ACL's Definition of Evidence- Based. Approval from DOEA contract manager is required prior to using this service description under OAA IID.

C. PROVIDER QUALIFICATIONS: A licensed dietitian and/or licensed registered dietitian, or a registered dietetic technician (RDT) under the supervision of a licensed dietitian and/or licensed registered dietitian shall evaluate the participant's nutritional needs, conduct a comprehensive nutrition assessment, and develop a nutrition care plan in accordance with Chapter 64B8- 43, Florida Administrative Code. It is recommended that any dietitian providing nutrition counseling be covered by malpractice insurance.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service with or on behalf of a client.
2. Documentation: Licensed dietitians and/or licensed registered dietitians shall keep documentation of the nutrition assessment, the nutrition counseling plan, dietary orders, nutrition advice, progress notes, and recommendations related to the participant's health or the participant's food or supplement intake, and any participant examination or test results in accordance with Chapter 64B8-44, Florida Administrative Code.
3. For OAAIID program:
 - a. The provider must have a sign-in sheet for the evidence-based program, which includes the time started, time ending, date, location, funding source, title of evidence-based program, and signature of individuals participating.
 - b. The contractor must submit ACL's criteria documents proving that the service provided is an evidence-based program.

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- c. The contractor must verify and maintain documentation of provider qualifications for service.

4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
O3C1	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
O3C2	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3D	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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PROGRAM: Nutrition Services-Nutrition Education

PROGRAM FUNDING SOURCES: CCE, LSP, OAAIIC1, OAAIIC2

A. PROGRAM DESCRIPTION:

Nutrition education is an intervention targeting participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; is accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and is overseen by a registered dietitian or individual of comparable expertise as defined in the OAA.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Nutrition education shall be planned and directed by a Florida licensed dietitian and/or licensed registered dietitian (Chapter 468.504, Florida Statutes). Cooperative extension agents or trained meal site or wellness coordinators, under the direction of the licensed dietitian and/or licensed registered dietitian, may provide such education activities. Documentation of persons trained must be maintained.
2. Nutrition education is provided at each site and distributed to each home-delivered meal client a minimum of once a month. Encourage individuals who distribute nutrition services to provide, to homebound older individuals, available medical information approved by health care professionals. Information may include informational brochures, and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals' communities.
3. Congregate sessions shall be a minimum of 15 minutes in length.
4. The provider's licensed dietitian and/or licensed registered dietitian shall develop a written annual nutrition education plan that documents subject matter, presenters, and materials to be used. The AAA may develop a single educational curriculum, which may be used by multiple sites.
5. Nutrition program licensed dietitian and/or licensed registered dietitian, shall ensure that the nutrition education content and materials are developed consistent with the nutritional needs, literacy levels and vision and hearing capacities, as well as the multi-cultural composition of participants.

Documentation: Each nutrition service provider shall maintain written

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documentation for monitoring purposes that includes the date of the presentation, name and title of presenter, lesson plan or curriculum, and the number of persons in attendance. The documentation requirement for materials delivered to homebound participants shall include the date of distribution, copy of distributed material, and number of participants receiving the information.

6. **Provider Qualifications:** A licensed dietitian and/or licensed registered dietitian shall develop or coordinate, review, and approve nutrition education content and materials prior to presentation. Coordination shall include, at a minimum, the following:
 - Selection of topics and trainers;
 - Review or provide materials to be used for nutrition education; and
 - Training of persons who will conduct nutrition education, if applicable.

C. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. **Unit of Service:** Each nutrition education session participant counts as a unit of service.
2. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	NTED	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
LSP	NTED	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
O3C1	NTED	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
O3C2	NTED	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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PROGRAM: Occupational Therapy

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB

A. DESCRIPTION: Occupational therapy services are provided to produce specific functional outcomes in self-help, adaptive and sensory motor skill areas, and assist the client to control and maneuver within the environment. The service shall be prescribed by a physician. It may include an occupational therapy assessment that does not require a physician's prescription. In addition, this service may include training direct care staff and caregivers and monitoring those clients to ensure they are carrying out therapy goals correctly.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. These services may be provided in the therapist's office, in the residence, or other appropriate locations in the community.
2. A registered occupational therapist and occupational assistant practitioner shall abide by American Occupational Therapy Association (AOTA) standards of practice for occupational therapy.

C. PROVIDER QUALIFICATIONS: The occupational therapist and occupational therapist assistant shall be currently licensed in the state pursuant to Chapter 468, Florida Statutes, with one year of experience. Duties of the occupational therapist assistant shall be directed by the licensed occupational therapist and shall not exceed those outlined in the Chapter 59A-8.0185, Florida Administrative Code.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service with or on behalf of a client.
2. The registered occupational therapist shall develop and document an intervention plan that is based on the results of the evaluation and the desires and expectations of the client and/or the client's caregiver or representative.
3. A clinical record shall be kept for each client.
4. eCIRTS reporting requirements are included in the chart on the next page: ↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	OCTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	OCTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	OCTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	OCTV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	OCTH	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OA3B	OCTH	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999

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PROGRAM: Other Services

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP

A. DESCRIPTION: Other services is a miscellaneous category for goods or services not defined elsewhere, necessary for the health, safety, or welfare of the person.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Other services may be provided only when there is no available alternative to accomplish the service or supply the goods. Prior approval shall be obtained from the AAA.

C. PROVIDER QUALIFICATIONS:

1. The provider qualifications are commensurate with the products or services being provided.
2. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	OTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	OTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	OTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	OTHV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	OTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
NDP	OTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100

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PROGRAM: Outreach

PROGRAM FUNDING SOURCE(S): CCE, LSP, OAAIIIB, OAAIIIC1, OAAIIIC2, OAAIIIE, OAAIIIEG

A. DESCRIPTION: Outreach is an access service and is a required service or function in Title IIIB and Title IIIC. Outreach is defined as a face-to-face, one-to-one intervention with clients initiated by the agency for the purpose of identifying potential clients or caregivers and encouraging their use of existing and available resources.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Group contact is not outreach. Outreach efforts shall take place in highly visible public locations or in neighborhoods identified for visiting or canvassing. Title III of the Older Americans Act requires outreach to older clients with greatest economic and social need, with attention to low-income minority and older clients residing in rural areas.
2. Outreach activities cannot be counted for clients already receiving any Older Americans Act services or other DOEAF funded services. Contact shall be initiated by the outreach worker, not by the client.

C. PROVIDER QUALIFICATIONS:

1. Outreach services are provided by paid or volunteer staff of the designated lead agency, or as otherwise approved by the AAA. Minimum education requirements for outreach workers include a high school diploma or GED. Job-related experience may be substituted for a high school diploma or GED upon approval of the AAA. Outreach staff shall be knowledgeable about local resources.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: An episode of outreach is one-on-one, face-to-face, contact with an older individual who is not receiving any DOEAF funded services.
2. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
O3C1	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
O3C2	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG (GRANDPARENT)	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM: Personal Care

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB

A. DESCRIPTION:

1. Personal care is primarily the provision of assistance with eating, dressing, personal hygiene, and other activities of daily living. This service may also include other tasks that are incidental to the care provided. Assistance with meal preparation and housekeeping chores, such as bed making, dusting and vacuuming are examples of these secondary services.
2. Personal care can include accompanying the client to clinics, physician office visits, or trips for health care, provided the client does not require special medical transportation. Personal care can also include shopping assistance to purchase food, clothing and other items needed for the client's personal care needs.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. For the Home Care for the Elderly program, personal care shall be provided only when the caregiver is unable to provide the service.

Personal care may be provided by home health aides or certified nursing assistants (refer to home health aide services) but does not substitute for the medical care usually provided by a registered or licensed practical nurse or therapist, home health aide or certified nursing assistant.

2. Personal care does not include the performance of simple procedures as an extension of therapy or nursing services and assistance with self-administered medication. Services provided shall be specified in a written service agreement and essential to the needs of the client rather than the client's family.

C. PROVIDER QUALIFICATIONS:

1. This service shall be provided in compliance with the regulation of the home health agencies in Chapter 400, Part IV, Florida Statutes, and Chapter 59A-8, Florida Administrative Code. Services are provided by persons employed by agencies licensed or exempt under Chapter 400.464, Florida Statutes, or independent vendors in compliance with Chapter 400, Part IV Florida Statutes, and Chapter 59A-8, Florida Administrative Code. Per Chapter 400.464(5)(b)(1), Florida Statutes, home health services provided by DOEA either directly or through a contractor, are exempt from home health agency licensing.
2. Personal care assistants shall meet background screening requirements in

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accordance with Chapter 400.512, Florida Statutes, and Chapter 59A-8.004(10) and (11), Florida Administrative Code.

3. Supervision by a registered nurse in the home shall be in accordance with Chapter 400.487(3), Florida Statutes. Supervision is at the election and approval of the client.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service with a client.
2. Personal care providers shall maintain a chronological written record of services and report any unusual incidents or changes in the client's appearance or behavior.
3. For the Home Care for the Elderly program, the client file must document why the caregiver is unable to perform the service.
4. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTSREPORTINGREQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICE	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	PECA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	PECA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	PECA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	PECV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	PECA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3B	PECA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3E	PECA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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PROGRAM: Pest Control (Enhanced Initial)

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE

A. DESCRIPTION: Enhanced initial pest control services assists in ridding the environment of insects and other potential carriers of disease and enhances the safety, sanitation and cleanliness for recipients. Initiation covers start-up costs. This service is beyond the scope of pest control initiation due to the greater effort required.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: This service must be necessary to enhance the safety, sanitation and cleanliness of the elder's home.

C. PROVIDER QUALIFICATIONS: This service shall be provided by a licensed and insured company or individual in accordance with Chapter 482, Florida Statutes.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: An episode of enhanced initial treatment may consist of more than one application.
2. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	EPECI (INITIAL)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	EPECI (INITIAL)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	EPECI (INITIAL)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100

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PROGRAM: Pest Control (Initial)

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE

A. DESCRIPTION: Initial pest control services assist in ridding the environment of insects and other potential carriers of disease and enhances the safety, sanitation and cleanliness for recipients. Initiation covers start-up costs.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Pest control services must be necessary to enhance the safety, sanitation and cleanliness of the elder's home.

C. PROVIDER QUALIFICATIONS: This service shall be provided by a licensed and insured company or individual in accordance with Chapter 482, Florida Statutes.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: An episode of initial treatment may consist of more than one application.
2. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	PECI (INITIAL)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	PECI (INITIAL)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	PECI (INITIAL)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100

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PROGRAM: Pest Control (Maintenance)

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE

A. DESCRIPTION: Pest control maintenance services assist in ridding and maintaining the environment free of insects and other potential carriers of disease, and enhances the safety, sanitation and cleanliness for recipients.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Pest control services must be necessary to enhance the safety, sanitation and cleanliness of the elder's home.

C. PROVIDER QUALIFICATIONS: This service shall be provided by a licensed and insured company or individual in accordance with Chapter 482, Florida Statutes.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: An episode of maintenance consists of a maximum of one application per month.
2. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	PECM (MAINTAIN)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	PECM (MAINTAIN)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	PECM (MAINTAIN)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100

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PROGRAM: Pest Control (Rodent Control)

PROGRAM FUNDING SOURCE(S): ADI, HCE, CCE

A. DESCRIPTION: Pest control rodent services assist in ridding the environment of rodents; and other potential carriers of disease, and enhances the safety, sanitation and cleanliness for recipients. Rodent service consists of trapping, baiting, or other treatments or applications that result in the elimination of rodent(s).

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Rodent control services must be necessary to enhance the safety, sanitation and cleanliness of the elder's home.

C. PROVIDER QUALIFICATIONS: This service shall be provided by a licensed and insured company or individual in accordance with Chapter 482, Florida Statutes.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: An episode of rodent control may require more than one treatment.
2. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	ROCI	MONTHLY AGGREGATE REPORTING BY CLIENT	NA	100
CCE	ROCI	MONTHLY AGGREGATE REPORTING BY CLIENT	NA	100
HCE	ROCI	MONTHLY AGGREGATE REPORTING BY CLIENT	NA	100

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PROGRAM: Pet Support

PROGRAM FUNDING SOURCE(S): OAAIIIB, OAAIIIE, OAAIIIEG

A. DESCRIPTION: Pet support services include providing assistance in the normal necessities of pet ownership, such as:

1. Purchasing and delivering food items necessary for the health, safety, or welfare of the pet.
2. Completing basic health and wellness maintenance, under the care of a licensed professional, to include spay and neutering services, annual veterinary wellness checks, and basic vaccinations to ensure a healthy and disease-free environment for the older adult.
3. Ensuring pets have basic health supplies, such as prescribed or veterinarian-recommended over-the-counter medicines, and flea and tick collars.
4. Providing boarding services if the client or a caregiver is receiving health care (including in a hospital or rehabilitation facility) or is temporarily unable to care for the pet.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Pet support may only be provided when there is no one else (e.g. other program funds or community resource) capable to assist with the service or supply of goods.
2. The service shall have a direct benefit to the client.
3. The client must be the owner of the pet.
4. Services provided by County Government or other organizations for free to seniors are not eligible for reimbursement.
5. The most cost-effective treatment should be obtained when reimbursing through this program.
6. The costs necessary to deliver or transport the senior to access these services is a reimbursable cost of the service.

C. PROVIDER QUALIFICATIONS: Veterinary services, including spaying, neutering, and vaccinating pets must be performed by a licensed professional. Providers are encouraged to use trained volunteers for the delivery and purchase of the pet food. Providers are encouraged to use licensed pet boarding facilities.

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D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One episode is one contact where goods, food or assistance is given to a client for their pet.
2. The service may include the cost of the pet supplies, the delivery and/or the cost of transportation to obtain the service, if applicable. This service may be billed as cost reimbursement.
3. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTSREPORTINGREQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OAA3B	PSS	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OAA3E	PSS	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OAA3EG	PSS	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999

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PROGRAM: Physical Therapy

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB

A. DESCRIPTION: Physical therapy is a service provided to produce specific functional outcomes in ambulation, muscle control and postural development, and prevent or reduce further physical disability. The service shall be prescribed by a physician. It may also include a physical therapy assessment, which does not require a physician's prescription. In addition, this service may include training direct care staff and caregivers and monitoring those individuals to ensure they are carrying out therapy goals correctly.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. This service may be provided in the therapist's office, client's residence or other appropriate locations in the community.
2. A physical therapist assistant shall comply with the standards of ethical conduct for physical therapist assistant and with all the legal requirements of jurisdictions relating to the practice of physical therapy.

C. PROVIDER QUALIFICATIONS: The physical therapist and physical therapist assistant shall be currently licensed in the state in accordance with Chapter 486, Florida Statutes, and have one year of experience. Duties of the physical therapist assistant shall be directed by the licensed physical therapist and shall not exceed those outlined in the Chapter 59A-8.0095, Florida Administrative Code.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service with or on behalf of a client.
2. A physical therapist shall develop and document a plan of care that is based on the results of the evaluation and the desires and expectations of the client and appropriate others about the outcome of the service.
3. A clinical record shall be kept for each client.
4. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	PHTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	PHTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	PHTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	PHTV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	PHTH	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OA3B	PHTH	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999

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PROGRAM: Recreation

PROGRAM FUNDING SOURCE(S): ADI, CCE, LSP, OAAIIIIB

A. DESCRIPTION: Recreation is defined as participation in or attendance at calendared (with date and time) events that are directed by a person that meets the provider qualifications below. The purpose is to offer activities of interest for participants, increase physical and mental stimulation, prevent isolation, and encourage socialization. The type of activities may include games, sports, arts and crafts, theater, trips and other social or physical activities.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Services shall be provided that include activities which appeal to all program participants and levels of functioning; increase physical stamina in older persons; provide mental stimulation; provide social interaction; and provide an appropriate mix of individual and group activities.

C. PROVIDER QUALIFICATIONS: A person qualified by training or experience shall be designated to provide the service. Training shall include the process of aging, interest of the elderly, and acquiring knowledge of community resources available for use in recreational activities.

E. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of recreation activity regardless of the number of participants. Recreation cannot be counted as a separate unit of service, if delivered through adult day care services or adult day health care.

2. Providers need to maintain sign-in sheets for all recreation activities provided.

4. eCIRTS reporting requirements are included in the chart on the next page:↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
LSP	RECR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	15000
OA3B	RECR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	50000
ADI	RECR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	15000
CCE	RECR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	15000

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PROGRAM: Recreation Materials

PROGRAM FUNDING SOURCE(S): ADI, LSP, OAAIIB, OAAIIE, OAAIIEG

- A. DESCRIPTION:** Recreation offers activities of interest for participants, increases physical and mental stimulation, and prevents isolation. Recreation materials is to be provided to clients who are homebound or unable to attend a site offering Recreation (including caregivers and others in the home who are dependent on the caregiver or client for care). This service may be delivered along with home delivered meals or emergency home delivered shelf meals. This service includes cost reimbursement of materials included in activity packets with age-appropriate items such as card games, word search books, crossword puzzle books, Sudoku books, puzzles, calligraphy and hand lettering, painting materials, adult coloring books, and supplies for activities (pens, pencils, coloring pencils, markers, etc.).
- B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** Recreation materials shall be provided that include activities which are age-appropriate, appeal to all program participants and levels of functioning, increase physical stamina in older persons, and provide mental stimulation. This service is only for cost reimbursement of materials and delivery of materials to clients. Transportation cannot be billed in addition to this service if Recreation Materials are provided with home delivered meals. This service is not to be provided in addition to Recreation.
- C. PROVIDER QUALIFICATIONS:** The provider qualifications are commensurate with the products or services being provided.
- D. RECORD KEEPING AND REPORTING REQUIREMENTS:**
1. Unit of Service: An episode is one contact where equipment, services, or supplies are given to a client. This service is only for cost reimbursement of materials and delivery of materials to clients.
 2. Providers need to maintain records for all recreation activities provided for audit and monitoring purposes. This information must include the following: Client Name, Client or Client Caregiver Signature (or driver signature if necessary for safety reasons), Client ID number, and date materials are received by the client.
 3. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTSREPORTINGREQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	RECM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	50000
LSP	RECM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	50000
OA3B	RECM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	50000
OA3E	RECM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	50000
OA3EG	RECM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	50000

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PROGRAM: Referral/Assistance

PROGRAM FUNDING SOURCE(S): ADI, CCE, LSP, OAAIIB, OAAIIE, OAAIIIEG

A. DESCRIPTION:

1. Referral/assistance is an activity provided via telephone or one-on-one in person wherein information is obtained about the person's needs, and the person is directed to resources most capable of meeting the needs. Contact with the resource is made for the person, as needed. Follow-up is a mandatory part of referral/assistance and is conducted with the referred person and/or the resource to determine the outcome of the referral/assistance.
2. In referral/assistance, more in-depth interviewing and assessment may be required than in information-giving to assist a client in either determining his or her need or linking him or her with an appropriate resource.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Follow-up shall be made within fourteen (14) business days of the referral/assistance. Once the 14-day window has passed and the agency is unable or has not conducted follow-up to determine the outcome of the referral, the follow-up is incomplete, and the unit must be amended and documented as Information. However, the agency is still responsible for ensuring the client's needs were met. Agencies making referrals will need to obtain intake information from the client to be used as part of the referral/assistance process. Follow-up is required for each contact type documented and billed as a unit of Referral.
2. Providers are expected to assist the person being referred by planning for appointments, assistance with forms and paperwork requirements, and making arrangements for travel and escort services.

C. PROVIDER QUALIFICATIONS: Referral/assistance providers shall have:

1. At a minimum, I&R specialist must have a high school diploma or GED and three years of experience in I&R services, case management, call center services or related social services work experience.
2. Have pre-service and in-service training that includes, but is not limited to, listening skills, communication, proper telephone usage, information giving and referral procedures;
3. Have the skills to meet the needs of older adults, adults with disabilities, individuals who may call frequently with the same problem, or are

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otherwise difficult to serve.

4. Have an understanding of the Alliance of Information and Referral Systems (AIRS) standards for professional information and referral services; and
5. Knowledge of the community resources.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: An episode of referral is counted only after all follow-up, regardless of the number of contacts, has been completed.
2. Records shall be kept identifying organizations to which a referral has been made and of the follow-up results.
3. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CCE	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG (GRANDPARENT)	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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PROGRAM: Respite (Facility-Based)

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB, OAAIIIE

A. DESCRIPTION: Facility-based respite care is the provision of relief or rest for a primary caregiver from the constant, continued supervision and care of a functionally-impaired older person by providing care for the older person in an approved facility-based environment for a specified period of time.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. If respite care requires a home health aide due to the client's medical condition, a physician or medical professional shall prescribe the service. Respite care cannot substitute for care that a licensed nurse or therapist must provide. Respite care may include personal care, homemaker or companionship activities and may be provided by a home health aide. It shall be provided according to the standards for the service under which it is provided.
2. Respite care may be provided for caregivers who are employed regardless of program funding source. Caregivers who receive a stipend under the Home Care for the Elderly (HCE) program are eligible for respite services, if needed.

C. PROVIDER QUALIFICATIONS:

1. This service can be provided in any safe environment suitable to the needs of the clients, or a licensed facility. If the service is provided in a licensed facility, the standards applicable to the type of facility apply, i.e., adult day care, assisted living facility, or nursing home. If the service is provided in a non-licensed facility, there shall be at least 2 staff for every 6 clients, 4 staff for every 12 clients and 1 staff for each additional 6 clients.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of actual client attendance at the facility is one unit of facility-based respite. Actual client attendance is defined as the time between the client's arrival at the facility and the time of departure from the facility. Time spent in transit to the facility is not counted in the daily attendance.
2. A daily attendance log with time in and time out shall be maintained.
3. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	RESF	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	1000
CCE	RESF	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	1000
HCE	RESF	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	RESV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	RESFV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	RESF	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	1000
OA3B	RESF	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	1000
OA3E	RESF	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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PROGRAM: Respite Care (In-Home)

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIB, OAAIIE, RELIEF

A. DESCRIPTION: In-home respite care is the provision of relief or rest for a primary caregiver from the constant, continued supervision and care of a functionally impaired older person by providing care for the person in the home for a specified period.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. If respite care requires a home health aide due to the client's medical condition, a physician or medical professional shall prescribe the service. Respite care cannot substitute for care that shall be provided by a licensed nurse or therapist. Respite may include personal care, homemaker or companionship activities and may be provided by a home health aide. It must be provided according to the standards for the service under which it is provided.
2. Respite care shall meet the needs of the client and primary caregiver and be inclusive of the services that will allow the caregiver to leave the premises. The primary caregiver (relative or non-relative) shall be unpaid and shall provide care on a 24-hour bases with little or no relief to receive DOEA funded respite care services. A primary caregiver is defined as any person who regularly can be depended on to provide or arrange help as needed with Activities of Daily Living (ADLs) and Instrumental activities of Daily Living (IADLs). Caregiver paid (salaried or hourly) by a state-funded program may not receive respite care. Caregivers who receive a basic subsidy payment under the Home Care for the Elderly (HCE) program are eligible for respite services, if needed.

C. PROVIDER QUALIFICATIONS:

1. This service can be provided in the home or a safe environment suitable to the needs of the client. Respite may include personal care, homemaker or companionship activities and may be provided by a home health aide. It shall be provided according to the standards for the service under which it is provided.
2. If this service is provided through the RELIEF Program, volunteers shall meet the Department's guidelines for volunteer service.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service.
2. Providers shall maintain a written record of activities and report any

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unusual incidents or changes in the client's appearance or behavior.

3. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	200
CCE	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	200
HCE	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	RESV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3B	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3B	DPRESP (DIRECT PAY)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3E	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3E	DPRESP (DIRECT PAY)	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
RELF	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	200

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PROGRAM: Screening/Assessment

PROGRAM FUNDING SOURCE(S): LSP, OAAIIB, OAAIIC2, OAAIIE, OAAIIEG

- A. DESCRIPTION:** Screening/assessment is defined as administering standard assessment instruments for gathering information about clients to determine need and eligibility for services and prioritizing them at the time of active enrollment or to reassess currently active clients.
- B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** All staff conducting assessments must complete the DOEA web-based training and receive a certificate of completion before being eligible to conduct an assessment. To receive a certificate of completion, a score of 90 percent or above on the multiple-choice test is required.
- C. PROVIDER QUALIFICATIONS:** Screening/assessment is provided by the AAA, designated lead agency, or as otherwise approved by the AAA. Minimum education requirements for new staff are a bachelor's degree in social work, psychology, sociology, nursing, gerontology or related field. Year-for-year related job experience or any combination of and related experience may be substituted for a bachelor's degree upon approval of the AAA.
- D. RECORD KEEPING AND REPORTING REQUIREMENTS:**
1. Unit of Service: One hour of direct service with or on behalf of a client accumulated daily. It can include travel time related to the client. The time may include time spent with caregivers when it is related to the client's situation.

2. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
LSP	SCAS	MONTHLY AGGREGATE REPORTING BY CLIENT	SERVICES REPORTED BY CLIENT	100
OA3B	SCAS	MONTHLY AGGREGATE REPORTING BY CLIENT	SERVICES REPORTED BY CLIENT	100
O3C2	SCAS	MONTHLY AGGREGATE REPORTING BY CLIENT	SERVICES REPORTED BY CLIENT	100
OA3E	SCAS	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100
OA3EG (GRANDPARENT)	SCAS	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	100

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PROGRAM: Shopping Assistance

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIB, OAAIIC1, OAAIIC2, OAAIIE, OAAIIEG

A. DESCRIPTION: Shopping assistance is defined as assisting a client in getting to and from stores or shopping on behalf of a client, including the proper selection of items to purchase. The service also includes storing purchased items upon return to the client's home. However, if the client is isolating at home due to illness (including illness of someone residing within the house) or is self-isolating to limit exposure to COVID-19 or other health concerns, then the purchased items can be delivered to the home, so long as the provider ensures the client, caregiver, or other individual has moved the items inside. An individual shopping aide may assist more than one client during a shopping trip.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS: Transportation, if provided to the client, shall include the trip to the shopping destination and the return trip to the client's home. This assistance may be provided individually or in groups.

C. PROVIDER QUALIFICATIONS: A person qualified by training or experience shall be designated to provide the service. Training should include nutritional needs of older persons, best seasonal buys for food and other products, selecting for quality and quantity, and selecting for economy.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One trip per person assisted, either by taking the client to and from stores or by purchasing items on behalf of the client and delivering the items to their home. Transportation, if provided to the client, should be included in the rate.
2. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTSREPORTINGREQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	SA	MONTHLY AGGREGATE REPORTING BY CLIENT	NA	200
CCE	SA	MONTHLY AGGREGATE REPORTING BY CLIENT	NA	200
HCE	SA	MONTHLY AGGREGATE REPORTING BY CLIENT	NA	200
LSP	SA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3B	SA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3B	SA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3C1	SA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3C2	SA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3E	SA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3EG	SA	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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PROGRAM: Sitter

PROGRAM FUNDING SOURCE(S): OAAIIIEG

- A. DESCRIPTION:** Sitter services are provided to a minor child, not more than 18 years old, or a child who is an individual with a disability residing with an age 55+ grandparent or other age 55+ related caregiver. Sitter services may be carried out in the home or in a facility during the day, at night or on weekends and are arranged by the caregiver for a specified period.
- B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** Services shall be delivered as a respite to enable caregivers to be temporarily relieved of caregiver responsibility.
- C. PROVIDER QUALIFICATIONS:** Determined by the relative caregiver.
- D. RECORD KEEPING AND REPORTING REQUIREMENTS:**
1. Unit of Service: One hour of direct service.
 2. A direct payment shall be provided to the relative caregiver or vendor in accordance with the agency's direct payment policies. Prior authorization from the Title IIIIE coordinator or designated staff is required.
 3. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3EG (GRANDPARENT)	DPSIT	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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PROGRAM: Skilled Nursing Services

PROGRAM FUNDING SOURCE(S): CCE, HCE, LSP, OAAIIIIB

- A. DESCRIPTION:** Skilled nursing service is part-time or intermittent nursing care administered to a client by a licensed practical nurse, registered nurse or advanced practice registered nurse, in the client's place of residence, pursuant to a plan of care.
- B. DELIVERY STANDARDS/SPECIAL CONDITIONS:** A prescription/plan of treatment is required to obtain skilled nursing services in the home, which is reviewed at 62-day intervals.
- C. PROVIDER QUALIFICATIONS:** This service shall be provided by persons currently licensed under Chapter 464, Florida Statutes, operating within their scope of practice, and pursuant to plan of treatment.
- D. RECORD KEEPING AND REPORTING REQUIREMENTS:**
1. Unit of Service: One hour of direct service.
 2. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	HN	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	HN	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HN	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HN (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	HN	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OA3B	HN	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999

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PROGRAM: Specialized Medical Equipment, Services and Supplies

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB, OAAIIIES

A. DESCRIPTION: Specialized medical equipment, services and supplies include the following:

1. Adaptive devices, controls, appliances or services that enable clients to increase their ability to perform activities of daily living. This service also includes repair of such items as well as replacement parts;
2. Dentures, walkers, reachers, bedside commodes, telephone amplifiers, touch lamps, adaptive eating equipment, glasses, hearing aids, and other mechanical or non-mechanical, electronic, and non-electronic adaptive devices;
3. Supplies may include items such as adult briefs, bed pads, oxygen or nutritional supplements;
4. Medical services pay for doctor visits or dental visits; and
5. Pharmaceutical services payment for needed prescriptions.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. This service shall only be provided if it cannot be purchased through Medicare, Medicaid or other third parties. If a Medicare co-payment is required for the purchase, it is permissible to pay it.
2. All items shall have direct medical or remedial benefit to the client and be related to the client's medical condition. A physician's verification of the need for any item or service may be requested.

C. PROVIDER QUALIFICATIONS: The provider qualifications are commensurate with the products or services being provided. Items shall meet applicable standards of manufacture, design and installation.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: An episode is one contact where equipment, services or supplies are given to a client.
2. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	SCSM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	SCSM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	SCSM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	SCSV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	SCSM	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENTS	9999
OA3B	SCSM	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENTS	9999
OA3ES (SUPPLEMENTAL)	SCSM	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999
OA3ES (DIRECT PAY)	DPSCSM	MONTHLY AGGREGATE REPORTING BY CLIENT	MONTHLY AGGREGATE REPORTING BY CLIENT	9999

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PROGRAM: Speech Therapy

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB

A. DESCRIPTION: Speech therapy is a service provided to produce specific functional outcomes in the communication skills of a client with a speech, hearing or language disability. The service shall be prescribed by a physician. The service may also include a speech therapy assessment, which does not require a physician's prescription. In addition, this service may include training direct care staff and caregivers and monitoring those clients to ensure they are carrying out therapy goals correctly.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. This service may be provided in the therapist's office, in the client's residence, or other appropriate settings in the community.
2. Speech/language pathologists identify and evaluate communication and swallowing problems. The speech therapist may determine the need for personal alternatives or augmentative systems and recommends and trains for utilization of such systems.

C. PROVIDER QUALIFICATIONS: Providers shall be governed by the Board of Speech-Language and Audiology and shall abide by the Code of Ethics last revised November 16, 2001. Speech-language pathologists/audiologists shall practice in accordance with Chapter 468, Florida Statutes, and Chapter 59A-8, Florida Administrative Code.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service: One hour of direct service with or on behalf of a client.
2. A clinical record shall be maintained for each client and include an evaluation of the client's needs, statement of problems, plan of care or service provision plan, and service/progress notes.
3. eCIRTS reporting requirements are included in the chart on the next page:↓

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ECIRTSREPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	SPTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	SPTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	SPTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	SPTV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	SPTH	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OA3B	SPTH	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999

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PROGRAM: Specialized Adult Day Care

PROGRAM FUNDING SOURCE(S): ADI

A. DESCRIPTION:

Florida's Alzheimer's Disease Initiative (ADI) provides services to meet the changing needs of individuals and families affected by Alzheimer's disease and similar memory disorders. The ADI provides caregiver respite services and support. ADI respite includes in-home, facility-based (usually at adult day care centers), emergency, and extended care (up to 30 days) for caregivers who serve patients with memory disorders.

In addition to Respite Care Services, clients may be eligible to receive Specialized Alzheimer's Disease Day Care Services from a licensed day care center in accordance with Chapter 429.918, F.S. Clients eligible for these services shall have a documented diagnosis of Alzheimer's disease or a dementia-related disorder (ADRD) from a licensed physician, licensed physician assistant, or a licensed advanced practice registered nurse.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. A Specialized Adult Day Care Center (ADCC) must be licensed in accordance with Chapter 429.918, F.S. to provide the following client care and services:
 - a. Provide therapeutic, behavioral, health, safety, and security interventions; clinical care; support services; and educational services that are customized for the specialized needs of a participant's caregiver and the participant who is affected by Alzheimer's disease or an irreversible, degenerative condition resulting in dementia.
 - b. Provide ADRD participants with a program for dementia-specific, therapeutic activities, including, but not limited to, physical, cognitive, and social activities appropriate for the ADRD participant's age, culture, and level of function.
 - c. Maintain at all times a minimum staff-to-participant ratio of one staff member who provides direct services for every five ADRD participants.
 - d. Provide ADRD participants with hands-on assistance with activities of daily living, inclusive of the provision of urinary and bowel incontinence care.

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- e. Use assessment tools that identify the ADRD participant's cognitive deficits and identify the specialized and individualized needs of the ADRD participant and the caregiver. This assessment shall be conducted when the ADRD participant is initially admitted into the center and shall be updated when the ADRD participant experiences a significant change, but no less frequently than annually.
- f. Create an individualized plan of care for each ADRD participant which addresses the identified, dementia-specific needs of the ADRD participant and the caregiver. The plan of care shall be established when the ADRD participant is initially admitted into the center and reviewed at least quarterly.
- g. Conduct a monthly health assessment of each ADRD participant which includes, but is not limited to, the ADRD participant's weight, vital signs, and level of assistance needed with activities of daily living.
- h. Complete a monthly update in each ADRD participant's file regarding the ADRD participant's status or progress toward meeting the goals indicated on the individualized plan of care.
- i. Assist in the referral or coordination of other dementia-specific services and resources needed by the ADRD participant or the caregiver, such as medical services, counseling, medical planning, legal planning, financial planning, safety and security planning, disaster planning, driving assessment, transportation coordination, or wandering prevention.
- j. Offer, facilitate, or provide referrals to a support group for persons who are caregivers to ADRD participants.
- k. Provide dementia-specific educational materials regularly to ADRD participants, as appropriate, and their caregivers.
- l. Routinely conduct and document a count of all ADRD participants present in the center throughout each day. This count must be compared to each ADRD participant's attendance record in order to ensure that an ADRD participant is not missing from the center.
- m. Be a secured unit or have working alarm or security devices installed on every door that is accessible to the ADRD participant and provides egress from the center or areas of the center designated for the provision of adult day care - specialized Alzheimer's services.

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- n. Not allow an ADRD participant to administer his or her own medication.
- o. Condition the ADRD participant's eligibility for admission on whether the ADRD participant has a coordinated mode of transportation to and from the adult day care center, to ensure that the participant does not drive to or from the center.

C. PROVIDER QUALIFICATIONS:

1. Specialized Adult Day Care centers shall be licensed by the Agency for Health Care Administration in accordance with Chapter 429.918, Part III, Florida Statutes, and Chapter 58A-6, Florida Administrative Code.

An adult day care center licensed under this part must provide the following staff training:

- a. Upon beginning employment with the facility, each employee must receive basic written information about interacting with participants who have Alzheimer's disease or dementia-related disorders.
- b. In addition to the information provided under paragraph (a), newly hired adult day care center personnel who are expected to, or whose responsibilities require them to, have direct contact with participants who have Alzheimer's disease or dementia-related disorders must complete initial training of at least one hour within the first three months after beginning employment. The training must include an overview of dementias and must provide instruction in basic skills for communicating with persons who have dementia.
- c. In addition to the requirements of paragraphs (a) and (b), an employee who will be providing direct care to a participant who has Alzheimer's Disease or a dementia-related disorder must complete an additional three hours of training within nine months after beginning employment. This training must include, but is not limited to, the management of problem behaviors, information about promoting the participant's independence in activities of daily living, and instruction in skills for working with families and caregivers.
- d. For certified nursing assistants, the required four hours of training shall be part of the total hours of training required annually.
- e. The Department or its designee must approve the one-hour and three-hour training provided to employees and direct caregivers under this

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section. The Department must consider for approval training offered in a variety of formats. The Department shall keep a list of current providers who are approved to provide the one-hour and three-hour training.

- f. Upon completing any training described in this section, the employee or direct caregiver shall be issued a certificate that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different adult day care center or to an assisted living facility, nursing home, home health agency, or hospice. The direct caregiver must comply with other applicable continuing education requirements.
 - g. An employee who is hired on or after July 1, 2004, must complete the training required by this section.
- 2. A center licensed under this part which claims that it provides special care for persons who have Alzheimer's disease or other related disorders must disclose in its advertisements or in a separate document those services that distinguish the care as being especially applicable to, or suitable for, such persons. The center must give a copy of all such advertisements or a copy of the document to each person who requests information about the center and must maintain a copy of all such advertisements and documents in its records. The agency shall examine all such advertisements and documents in the center's records as part of the license renewal procedure.

An adult day care center may not claim to be licensed or designated to provide specialized Alzheimer's services unless the adult day care center's license has been designated as such pursuant to s. 429.918.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

- 1. Unit of Service: One hour of actual client attendance at the Specialized Adult Day Care center is one unit of service. Actual client attendance is defined as the period between the time of arrival and the time of departure from the day care center.
- 2. Hours of daily attendance shall exclude transportation time to and from the center. The cost of the transportation is not to be included in the unit rate

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and shall be billed separately.

3. eCIRTS reporting requirements are included in the chart below: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	RESFA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	310

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PROGRAM: Technology

PROGRAM FUNDING SOURCE(S): OAAIIB, OAAIID, OAAIIE, OAAIEG

A. DESCRIPTION: The term technology used broadly can apply to many different areas. For the purpose of this definition, technology is defined as a service or product that uses internet-based communication technology to connect participants to activities that promote maintaining and gaining independence, access to socialization, and/or access to health and wellness activities. The service should allow participants to communicate and connect more easily with peers, family members, service providers, Area Agency on Aging staff and/or other supportive personnel through a device that facilitates communication, such as a tablet, cloud-based computer program, TV or other similar product. This service is intended to prevent social isolation and enhance participants' quality of life. This service includes cost reimbursement of technological products and/or services that promote participants' access to above stated activities.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. Technology services shall be provided that appeal to all program participants and levels of functioning, as well as support access to mental and/or physical stimulation for those at risk of social isolation.
2. This service is targeted for older adults 60 or older, and caregivers of older adults 60 or older.
3. This service covers equipment purchase and equipment rental for Provider and participant, installation fees and associated costs, monthly subscriptions and/or purchase of software and staff assistance.
4. On a case-by-case basis, this service may cover costs associated with providing access to the technology for members of the target population who do not have a device that allows them access to the service.
5. The Provider shall designate one staff member to be responsible for overseeing the program, including the monitoring of Usage Reports, developing quality assurance processes, tracking client satisfaction, assisting participants, and ensuring vendor(s) are abiding by all

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contractual guidelines. Time reported to these activities must be clearly documented and reported to TECHS (Staff Support).

6. For OAA III-D, Technology services shall be used for an evidence-based program or to support seniors in completing an online-based evidence-based program.

C. PROVIDER QUALIFICATIONS: This service can be delivered by AAAs or aging service providers who have a business associate agreement with a AAA. Technology used to provide access is not limited to one specific technological medium (i.e., web-based, tablet-based, television-based, etc.). The vendor and Provider must have policies and procedures in place that protect client's PHI and the business associate agreement must include language that prohibits the vendor from selling Provider's users' data to third parties.

D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. The Provider shall maintain all appropriate documentation as set forth by the program (i.e., enrollment information, monthly usage reports, invoices, etc.).
2. The contractor must verify and maintain documentation of provider qualifications for service
3. Unit of Service: An episode of Technology is for cost reimbursement of services provided to a client through purchase and delivery of technology and staff salary related to providing the service.
4. eCIRTS reporting requirements are included in the chart on the next page:↓

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eCIRTSREPORTINGREQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3B	TECH	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OA3B	TECHE (Equipment Purchase/Lease)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	1
OA3B	TECHI (Install)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	1
OA3B	TECHS (Staff Support)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	999
OA3D	TECH	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OA3D	TECHE (Equipment Purchase/Lease)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	1
OA3D	TECHI (Install)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	1
OA3D	TECHS (Staff Support)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	999
OA3E	TECH	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OA3E	TECHE (Equipment Purchase/Lease)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	1
OA3E	TECHI (Install)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	1
OA3E	TECHS (Staff Support)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	999
OA3EG	TECH	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	9999
OA3EG	TECHE (Equipment Purchase/Lease)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	1
OA3EG	TECHI (Install)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	1
OA3EG	TECHS (Staff Support)	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENT	999

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PROGRAM: Transportation

PROGRAM FUNDING SOURCE(S): ADI, CCE, HCE, LSP, OAAIIIB, OAAIIIE, OAAIIIEG

A. DESCRIPTION: Transportation is defined as travel to or from community services and resources, health and medical care, shopping, social activities, or other life sustaining activities.

B. DELIVERY STANDARDS/SPECIAL CONDITIONS:

1. All transportation provided with federal, state and local government funds shall be purchased through a contractual arrangement with the community transportation coordinator (CTC) or approved coordination provider within the coordinated system. Exceptions are permitted in accordance with Chapter 41-2, Florida Administrative Code.
2. When transportation suited to the unique and diverse needs of an elderly person cannot be met through the coordinated system; the provider may purchase or provide transportation utilizing the following alternatives:
 - Privately owned vehicle of an agency volunteer or employee;
 - State owned vehicles;
 - Privately owned vehicle of a family member or custodian;
 - Common carriers, such as commercial airlines or bus; or
 - Emergency medical vehicles.
3. The provider may utilize other modes of transportation when the CTC determines it is unable to provide or arrange the required service.
4. Providing transportation through sources other than the CTC shall be approved by the CTC. Local procedures for the review/approval process apply.
5. Transportation providers shall hold applicable licenses issued by the Department of Highway Safety and Motor Vehicles in accordance with Chapter 322, Florida Statutes, and shall maintain minimum vehicle liability insurance coverage, as required by law.

C. PROVIDER QUALIFICATIONS: As determined by the community transportation coordinator, in accordance with Chapter 427, Florida Statutes, and Chapter 41-2, Florida Administrative Code.

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D. RECORD KEEPING AND REPORTING REQUIREMENTS:

1. Unit of Service---Individual: A unit of service is a one-way trip (the single entrance, travel to a destination, and exit of a client from a transportation vehicle).
2. Unit of Service---Group: A unit of service is a one-way trip (the single entrance, travel to a destination, and exit of clients, regardless of the number of clients, from a transportation vehicle).
3. eCIRTS reporting requirements are included in the chart below and on the next page: ↓

eCIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	TRS	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
ADI	TRSI	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	TRS	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	TRSG	MONTHLY AGGREGATE REPORTING	N/A	100
CCE	TRSI	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	TRS	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	TRSG	MONTHLY AGGREGATE REPORTING	N/A	100
HCE	TRSV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	TRSI	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100

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eCIRTSREPORTINGREQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
LSP	TRS	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	30000
LSP	TRSG	MONTHLY AGGREGATE REPORTING	N/A	30000
LSP	TRSI	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	TRSM	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENTS	50000
OA3B	TRS	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENTS	50000
OA3B	TRSG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	50000
OA3B	TRSI	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENTS	100
OA3B	TRSM	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENTS	50000
OA3E	TRS	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENTS	100
OA3E	TRSG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	100
OA3E (DIRECT PAY)	DPTRS	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENTS	100
OA3E	TRSI	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENTS	100
OA3E3G (GRANDPARENT)	TRS	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENTS	100
OA3E3G (GRANDPARENT)	TRSG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	100
OA3E3G (GRANDPARENT) (DIRECT PAY)	DPTRS	MONTHLY AGGREGATE REPORTING BY CLIENT	NO REQUIREMENTS	100
OA3E3G	TRSI	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	100